CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: **Health**

Bureau: **Vital Statistics**

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber M.D. Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A	B	C
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ] To be sold as scrap or waste paper	[X] To be Burned or shredded	[ ] Historical, (to be transferred to Dept. of Legislative Reference.)

REMARKS: 2 negative Rolls

C P Force Records Management Officer 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

0640 F 30640

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3027 Arunah Ave St., 16-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. 4 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Virginia Hearn

If U.S. Veteran specify WAR

(a) Residence: No. 3027 Arunah Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Henry Hearn

6. DATE OF BIRTH (month, day, year) Aug. 5, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Hanna

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Heaney

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Bessie V. Hearn
(Address) 3027 Arunah Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date 1/2/37 19

19. UNDERTAKER Geo. J. Smith
(Address) 1900 Eutaw Place City

DATE 1-1-1937 Herington Pittsburgh, Pa.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30 19 36

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936 to Dec. 30 1936

I last saw her alive on Dec. 30, 1936. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 yr
Arteriosclerosis	7 yrs
Senility	few

Other contributory causes of importance:

Pneumonia	7 days

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) 3901 Garrison Blvd

30641 F 30641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 468

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2347 W. Lexington St. St., ... Ward).

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

20-2

2. FULL NAME Ida Kaiser

If U.S. Veteran specify WAR .....

(a) Residence: No. 2347 W. Lexington St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Kaiser

6. DATE OF BIRTH (month, day, year) October 10, 1871 (1871)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	2	20 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick Reschke

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilameda Knabe

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Max Reschke

(Address) 2347 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 2, 1937

19. UNDERTAKER Frederick A. Cole

(Address) 1200 W Lexington St.

1 JAN 1937 Huntington Williams, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1936. to Dec. 31, 1936.

I last saw h alive on Dec. 31, 1936. Death is said to have occurred on the date stated above, at 5.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
① Carcinoma of stomach	

Other contributory causes of importance:

① General Carcinomatosis

② Acute myocarditis

Was an operation performed? No Date of .....

For what disease or injury? None

What test confirmed diagnosis? Examination Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Chas. L. Heislodt, M. D.

(Address) 1730 Linden ave.

F 30642

30642 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

134

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 27-10 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nicholas Giovanis Sr.

If U.S. Veteran specify WAR .....

(a) Residence: No. 726 Arlington Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Giovanis

7. DATE OF BIRTH (month, day, year) ? 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57 yrs	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candy mfgr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

MOTHER FATHER

13. NAME Constant Giovanis

14. BIRTHPLACE (city or town) (State or country) Greece

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Mrs Anna Giovanis
(Address) 726 Arlington Ave Balto Md

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Date Jan 2, 1937

19. UNDERTAKER Thenow & Son
(Address) 3615-17 Reisterstown Ave.

20. FILED 1-1937 Huntington Williams, Registrar 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-30-36 . 19

22. I HEREBY CERTIFY, That I attended deceased from 12-16-36 . 19 ... to 12-30-36 . 19 ...

I last saw him alive on 12-30-36 . 19 ... Death is said to have occurred on the date stated above, at 9:32 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	12-12-36

Other contributory causes of importance:

Broncho Pneumonia	12-26-36

Was an operation performed? yes Date of 12-23-36

For what disease or injury? Excision & drainage of kidney

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Laurence H. Mills, M. D.

(Address) Mercy Hospital

30643 F 30643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 108

1. PLACE OF DEATH St. Agnes Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward) 25-1

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rosalie Carnes — If U.S. Veteran specify WAR .....

(a) Residence: No. Odenton Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 5, 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Elven Carnes.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME May Furlong.

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT May Carnes.
(Address) Patuxent md.

18. BURIAL, CREMATION, OR REMOVAL
St. Marys Hampden Date Jan 2, 1937

19. UNDERTAKER Chenoweth Son
(Address) 3615-17 Chestnut Ave.

20. FILED 1-1937 Washington Funeral Directors, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1936 to Dec. 31, 1936

I last saw her alive on Dec. 31, 1936 Death is said to have occurred on the date stated above, at 9 30 p. m.

The principal disease of death and related causes of importance were as follows:

	Date of onset
Bilat Lobar Pneumonia	12/27/36

Other contributory causes of importance:
Hyperpies Resp. Infection

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) L. D. Shimanek M.D.
(Address) St Agnes Hospital

30644 F 30644

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 19326 95B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 20-2 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anne Murray

(a) Residence: No. 2123 Vine Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Murray

6. DATE OF BIRTH (month, day, year) 185[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James ?

14. BIRTHPLACE (city or town) (State or country) Irland

MOTHER

15. MAIDEN NAME Mary McLaughlin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters 1/2 37

19. UNDERTAKER George W. Parker
(Address) Taylor & Forsythe

20. FILED Huntington Ave, Baltimore, Md.

JAN - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-29 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-8 1936, to 12-29 1936

I last saw her alive on 12-29 1936 Death is said to have occurred on the date stated above, at 9.25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	3 days

Other contributory causes of importance: Arteriosclerotic Heart Disease Uremia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramey M.D.

(Address) Baltimore City Hospitals

F 30645

30645 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

1936c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2019 McElderry St., 7-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Mary E. Ruby

(a) Residence: No. 2019 McElderry St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank Ruby

6. DATE OF BIRTH (month, day, year): 1864

7. AGE: Years 72 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER / FATHER

13. NAME: Conrad Kessler

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Mary Weaver

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Edna Neubert

(Address): 2019 McElderry St

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: Jan 2nd 1937

19. UNDERTAKER: John C. Fuller

(Address): 2333-35 E. Oliver St

20. FILED: Jan 4 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1936 to Dec 30 1936

I last saw h[illegible] alive on Dec 29 1936 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	Dec 28/36
Other contributory causes of importance: Toxico-Bronchitis	Dec 15/36
Myocardial Degeneration	1936

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19 ..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) A. F. Leis M. D.

(Address) 24 Lorny

F 30646

30646 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

82a

CERTIFICATE OF DEATH 19340

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Claude White

(a) Residence: No. 1623 W. Fayette St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	?

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0050

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date June 37

19. UNDERTAKER Smith & Slater

(Address) Greenmount Ave

Huntington Williams, Registrar.

20. FILED JUN 1 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-31 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-29 1936 to 12-31 1936

I last saw h. 1m alive on 12-31 1936 Death is said to have occurred on the date stated above, at 6.05 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 2 days

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Rainey M. D.

(Address) Baltimore City Hospitals

F 30647

M. D. H. 1263-9

30647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital Ward) 19-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna Marie Seyda

(a) Residence: No. 14 Hudson St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

Crisfield, Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert R. Seyda

6. DATE OF BIRTH (month, day, year) Sept. 26, 1896 (?)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Koshewitz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Minnie ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Rev. Robert R. Seyda

(Address) Crisfield, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Johnstown, Pa. Date Jan 1, 1937

19. UNDERTAKER John O. Mitchell & Son

(Address) 1900 Eutaw Place, City

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came
to death on the day stated above, at ... M., from the following causes:

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Intussusception	
b. Intestinal Intussusception	Dec. 31 - 1936
c.	
d.	

Other contributory causes of importance:

Was an operation performed? yes Date of Dec 31-36

For what disease or injury? Intussusception (colon)

Name of operation Laparotomy Date of Dec 31st

What test confirmed diagnosis? operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Jno. H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave

F 30648

30648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 643 S. Macon St., 76-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Thelma Barnes

If U.S Veteran specify WAR

(a) Residence: No. 643 S. Macon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Charles E. Barnes Sr.

6. DATE OF BIRTH (month, day, year): July 31-1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	4	30 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Peter Bolleck, Jr.

14. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

MOTHER

15. MAIDEN NAME: Annie Stahm

16. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

17. INFORMANT: Charles E. Barnes, St.

(Address) 643 S. Macon St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem. Date Jan, 2 , 37

19. UNDERTAKER: Geo. W. Zitlau

(Address) 1737 E. Eager St.

2-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 30 , 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 10th, 1936, to Dec 30, 1936

I last saw her alive on Dec 30, 1936. Death is said to have occurred on the date stated above, at 3.45 PM

The principal cause of death and related causes of importance were as follows:

Uremia & Myocarditis — Date of onset

Other contributory causes of importance:

Nephritis: — Date of onset: 1930

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Hard Sards Myocarditis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Lost Moore M. D.

(Address) 301 S Broadway Balto Md

F 30649

30649 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

948

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 818 S. Bond St. 3-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Josephine Olszewski

(a) Residence: No. 818 S. Bond St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Olszewski

6. DATE OF BIRTH (month, day, year) 1863.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73.	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Jakob Wiksa

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Gorke

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT John Olszewski (Address) 818 S Bond St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date Jan 4 1937

19. UNDERTAKER Fred W Brazewski (Address) 1930 Eastern Ave

Huntington Williams, Md

2-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31 1936

22. I HEREBY CERTIFY, That I attended deceased from December 30, 1936, to December 31, 1936.

I last saw h[illegible] alive on Dec. 31, 1936. Death is said to have occurred on the date stated above, at 6.45 P m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 12/30/36

Other contributory causes of importance:

arteriosclerosis

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael J. Wiegand M. D.

(Address) 526 S. Bond St

F 30650

30650 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓121

Registered No.

1. PLACE OF DEATH Maryland Gen'l. Hosp. St. 4-1 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR No Record

2. FULL NAME Miss Catherine McKnight

(a) Residence: No. 330 N. Charles St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white
5. ~~Single, Married, Widowed, or Divorced~~ (write the word): Widowed

If ~~married, widowed, or divorced~~ (or) WIFE of: ~~HUSBAND of~~ Melvin F. McKnight

6. DATE OF BIRTH (month, day, year): Aug 7th 1898

7. AGE: Years 38 | Months 4 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waitress 0070
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Restaurant
10. Date deceased last worked at this occupation (month and year): 1931
11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (city or town) (State or country): Ga.

FATHER
13. NAME: C. A. McKnight
14. BIRTHPLACE (city or town) (State or country): S. C.

MOTHER
15. MAIDEN NAME: Mamie Welch
16. BIRTHPLACE (city or town) (State or country): Augusta Ga

17. INFORMANT (Address): Joseph Floyd 1364 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: June 4th 1937

19. UNDERTAKER (Address): Wm Cook 7217 St Paul St

20. FILED 6-1-1937 Huntington Woods Registrar 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-31 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-28 1936 to 12-31 1936

I last saw her alive on 12-31 1936 Death is said to have occurred on the date stated above, at 1:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Appendicitis	
Multiple adhesions	
Other contributory causes of importance: Myocardial Failure	

Was an operation performed? yes Date of 11-28-36

For what disease or injury? Chr. Appendicitis

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. L. Ewald Jr. M. D.

(Address) Maryland Gen'l. Hosp.

M. D. B 1268-9

F 30651

30651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hos. St. 8-7 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME James M. Smith

If U. S. Veteran specify WAR.....

(a) Residence: No. 1514 N. Dag St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Rosella F.

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock clerk. 0009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & P. Cigar Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Alberta Robinson

(Address) 2712 Bethlehem Av.

18. BURIAL, CREMATION, OR REMOVAL

Place Bells Ten Date 1/2 '37

19. UNDERTAKER W. H. Ross

(Address) 2124 Pennsylvania Av.

20. FILED 1-2-1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Wright Coroner, M. D.

(Address) 1010 S. Ellwood Av.

M. D. P. 1268-9

30652

F 30652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 139C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen'l Hosp St., 7-17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Geraldine Boston

(a) Residence: No. 4930 Palmer Ave St. Ward. No Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or WIFE of) Arthur C. Boston

6. DATE OF BIRTH (month, day, year) June 12th 1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Elmer C. Schofield

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Nettie M. Cook

16. BIRTHPLACE (city or town) (State or country) Martinsburg W. Va

17. INFORMANT Arthur C. Boston

(Address) 4930 Palmer Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Jan 4th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Huntington [illegible] Registrar.

2-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1936 to 1/1/1937 19..

I last saw her alive on 1/1/1937 19.. Death is said to have occurred on the date stated above, at 2.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	12/19/36
Pelvic Peritonitis	12/19/36
Uterine Bleeding	12/15/36
amputation of cervix	12/8/36

Name of operation Suturing of cervix Date of 12/9/36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, what?

(Signed) J. Allen M. D.

(Address) West Balto Gen'l Hosp.

30653 F 30653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ... St., ... Ward)

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mr William Gustav Blandford

(a) Residence: No. 1705 Osborne Ave, Catonsville, Md. Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: Husband of Jessie Blandford

6. DATE OF BIRTH (month, day, year): Aug 27, 1874

7. AGE: Years: 62 | Months: 4 | Days: 3 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Roofing

10. Date deceased last worked at this occupation (month and year): 1934

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: William H. Blandford

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Delia Wells

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs. H. Blandford

(Address) 4712 Amberley Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Jany 2. 1937

19. UNDERTAKER: John C. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED: ... Registrar

1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1936 to Dec 30, 1936

I last saw him alive on Dec 30, 1936 Death is said to have occurred on the date stated above, at 4:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Howard N. Lo[illegible] M. D.

(Address) Union Memorial Hosp.

30654 F 30654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1030 N. Castle St., 7-4 (Ward)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 40 yrs. ... mos. ... ds.

2. FULL NAME Matthew Rehak

(a) Residence: No. 1030 N Castle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Antonia Rehak

6. DATE OF BIRTH (month, day, year): Feb. 24, 1868

7. AGE — Years: 68 | Months: 10 | Days: 7 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shoe Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0088

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Austria

MOTHER FATHER

13. NAME: John Rehak

14. BIRTHPLACE (city or town) (State or country): Austria

15. MAIDEN NAME: Helen Vanek

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Antonia Rehak

(Address) 1030 N Castle St

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: Jan 4, 1937

19. UNDERTAKER: Frank Grach & Son

(Address) 1906 Eastland Ave

20. FILED: 2-1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1936 to Dec. 31, 1936

I last saw him alive on Dec. 31, 1936 Death is said to have occurred on the date stated above, at 6.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Apoplexy)	12/25/36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny M. D.

(Address) 2200 E Madison St

M. D. B 1268-9

F 30655

30655 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp. 8-H Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Lynch

(a) Residence: No. 2131 E. Chase St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) Aug 1 /1925

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
11	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Elmer Lynch

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Fannie Kane

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Elmer Lynch (FATHER)
(Address) 2131 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date Jan 2 19 37

19. UNDERTAKER Lilly & Zeiler Inc
(Address) 407 S Wolfe St.

20. [illegible] 1937
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the above named deceased on Inquiry and viewed the same (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death at 9/20 am on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laryngeal Diptheria	

Other contributory causes of importance:

Was an operation performed? Yes Date of 12/31/36

For what disease or injury Laryngeal diptheria

Name of operation Tracheotomy Date of 12/31/36

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schwartz Coroner, M. D.

(Address) 1918 E. Monument

✓ F 30656

30656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH — Registered No. 26-9

CITY OF BALTIMORE: (No. 708 S. Grundy St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martin Stromer. — If U. S. Veteran specify WAR

(a) Residence: No. 708 S. Grundy St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Stromer.

6. DATE OF BIRTH (month, day, year) Nov. 15/ 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer W.P.A.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Sabastian Stromer

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Barbara Rigler

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Jennie Stromer (wife)
(Address) 708 S. Grundy St.

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Park Cemetery Date Jan. 4 1936

19. UNDERTAKER Sally & Zeilenka
(Address) 407 S. Wolfe St.

20. FILED 2 1937 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/25 1936 to 12/31/36 19..... I last saw him alive on 12/31/36 19..... Death is said to have occurred on the date stated above, at 9/30 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance: Lobar Pneumonia	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(If so, state) (Signed) J. H. C. Snell M. D.

(Address) 633 S. Conkling

F 30657

30657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen'l Hosp Ward 15-3)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U.S. Veteran specify WAR .....

2. FULL NAME William Clarence Stewart

(a) Residence: No. 2417 W. North Av. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Carrie Hugg Stewart

6. DATE OF BIRTH (month, day, year): June 23, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	6	31	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: William C. Stewart

14. BIRTHPLACE (city or town) (State or country): Balto, Md

MOTHER

15. MAIDEN NAME: Sophia G. Reese

16. BIRTHPLACE (city or town) (State or country): Balto. Md

17. INFORMANT: Mr. Howard Stewart.
(Address) 1207 Oakhurst Place

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Olivet Cem Date: Jan 2 1937

19. UNDERTAKER: Wm. Pickup Sons
(Address) North & Paca.

20. Filed ..... 19 ..... Registrar.

1937

17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 31 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-28-36 19..., to 12-31-36 19..., I last saw him alive on 12-31-36. Death is said to have occurred on the date stated above, at 9.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Other contributory causes of importance:	

Was an operation performed? NO Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Jerome F. Johnson, M. D.
(Address) Maryland Gen'l Hosp.

✓ F 30658

30658 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 121

1. PLACE OF DEATH Bon Secours Hosp. Registered No.
CITY OF BALTIMORE: (No. Baltimore Md St. 16-W Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irene Margaret Sparks If U.S Veteran specify WAR ---

(a) Residence: No. 2029 Harlem Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Donald C Sparks
6. DATE OF BIRTH (month, day, year): Oct 30 1906
7. AGE: Years 30 | Months 2 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Hot Springs Va

FATHER
13. NAME: Peyton Aylstock
14. BIRTHPLACE (city or town) (State or country): Warm Springs Va

MOTHER
15. MAIDEN NAME: Julia
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mr Donald C Sparks
(Address): 2029 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL: Wesley Chapel Date Jan 4 1937

19. UNDERTAKER: Wellcamp & Zukner & Sons
(Address): North & Penna. Ave.

20. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1936 to Jan 1st 1937
I last saw he/she alive on Jan 1st 1936 Death is said to have occurred on the date stated above, at 12 1/2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Appendicitis	8-1-36
Staphylococcic Peritonitis	10-6-36
Lobar Pneumonia	11-30-36

Other contributory causes of importance:
General Toxemia
Cachexia - Hemorrhage from bowel

Was an operation performed? Appendectomy Date of 10-1-36
For what disease or injury? Chronic Appendicitis

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Simon L. Kemp M. D.
(Address) Bon Secours Hospital.

2-1937

30659 ✓ F 30659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. 15-9

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2908 Loudoun Ave St., 15 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Bishop Yeatman
If U.S. Veteran specify WAR None

(a) Residence: No. 2908 Loudoun Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary M Yeatman

6. DATE OF BIRTH (month, day, year) Feb 22-1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	10	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0016
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER
13. NAME Robert F. Yeatman
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Bishop
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Lillian M. Yeatman
(Address) 2908 Loudoun Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Jan 4 1937

19. UNDERTAKER Wm. Reisinger Sons
(Address) Baltimore

21 JAN 1937 19 Registrar.

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1936 to Dec 26 1936
I last saw him alive on Dec 26 1936 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	5 yrs
Chronic myocarditis	4 yrs
Angina Pectoris	2 mo.
Other contributory causes of importance: Benign Prostatic Hypertrophy	2 yrs

Was an operation performed? No Date of
For what disease or injury?
What test confirmed diagnosis? Physical Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Matthew J. Werner M. D.
(Address) 101 Overhill Road

M. D. P. 1268-9

Cohen

✓ F 30660

30660 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 948

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore Eye Ear Throat Hospital St. 11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sol Cohen

(a) Residence: No. Douglas Lane St. Pikesville Ward. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Cohen

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing 0066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Goldsboro, N.C.

FATHER

13. NAME Joseph Cohen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Alice Kirshbaum

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dr. Lee Cohen

(Address) 1820 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL

Place Fort Lincoln Cem. Date Jany 4 . 1937

19. UNDERTAKER Baird Sondheim & Son

(Address) 1902 Eutaw Place.

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 31 . 1936

22. I HEREBY CERTIFY, That I attended deceased from December 18 . 1936 . to December 31 . 1936

I last saw h[illegible] alive on December 31 . 1936 Death is said to have occurred on the date stated above, at 5.51 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Dec 15, '36
Pulmonary Edema	Dec 26, '36

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 2426 Eutaw Place.

30661 ✓ F 30661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100

1. PLACE OF DEATH Home - Ingram Hall Apts. 17-20 Registered No. .....

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Aubrie M. Feustman If U. S. Veteran specify WAR .....

(a) Residence: No. Ingram Hall - Pole Hgts. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard Feustman

6. DATE OF BIRTH (month, day, year) Feb. 20, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Abraham Moses

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rose Levy

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. B. Feustman (Address) Ingram Hall Apts.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Balto. Hebr. Cem. Date Jan. 3 1937

19. UNDERTAKER Louis Sonnheim & Son (Address) 1902 Eutaw Place.

2-1931 Filed ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11 1936 to January 1 1937

I last saw h[er] alive on January 1st 1937. Death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Massive Pulmonary Embolism
following Phlebitis of
Right Leg

Other contributory causes of importance: Uncl

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edward David Winkler M. D.

(Address) 1708 Eutaw Place

✓ F 30662

30662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94 B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Nelmar Apts. (St.) Brookfield Ave. & Whitelock 13-3

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ?yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ?yrs. ...mos. ...ds.

2. FULL NAME Abraham Gordon — If U. S. Veteran specify WAR .....

(a) Residence: No. Nelmar Apts. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline H. Gordon

6. DATE OF BIRTH (month, day, year) Jany. 15, ~~1876~~ 1877

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
59	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Arbritrator:-Amer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fed. of Labor.

10. Date deceased last worked at this occupation (month and year) 1086

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Samuel G. Gordon

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Celia Ginsburg

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Lee Davidson,
(Address) Alhambra Apts.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Balto.Heb. Cem. Date ~~Jan~~ 3, 1937

19. UNDERTAKER Harris Sondheim & Son
(Address) 1902 Eutaw Place

2-1937 Burial in Mt. Lebanon Cemetery Pikesville

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany.1, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-30, 1936 to 1-1-, 1937

I last saw h~~im~~ alive on 1-1, 1937. Death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute coronary heart disease & pulmonary edema	12-30-36

Other contributory causes of importance: —

Was an operation performed? NO Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? clinical signs Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
NO If so, ~~specify~~

(Signed) Robert V. Selzer M. D.

(Address) 2140 Mt. Royal Terrace

M. D. B 1268-9

✓ F 30663

30663 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

210M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 11-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. - - mos. - - ds. How long in U. S. If of foreign birth 32 yrs. - - mos. - - ds.

2. FULL NAME Phillip Motta. If U. S. Veteran specify WAR .....

(a) Residence: No. 835 N. Eutaw St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) January 3, 1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 004 C

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy.

FATHER

13. NAME Carmello Motta.

14. BIRTHPLACE (city or town) (State or country) Italy.

MOTHER

15. MAIDEN NAME Maria Italiano.

16. BIRTHPLACE (city or town) (State or country) Italy.

17. INFORMANT Carmello Motta. (father)
(Address) 136 Green St. Albany N.Y.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Jan 2nd 1937

19. UNDERTAKER Frank Dallas Noce
(Address) 52 N Morley Pl.

20. FILED 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 28, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fracture of the Skull — Struck by Auto bus — Accidental death

Date of onset: 12/27/36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury 12/27/36, 19.....

Where did injury occur? St. Paul Pl. & Franklin
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public street.

Manner of injury Struck by a bus while crossing the street

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Thos M Kennard M. D.
Coroner

12/30/36 (Address) 1017 S. Charles St.

M. D. B 1268-9

0664

F 30664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie D. Waters

If U. S. Veteran specify WAR .....

(a) Residence: No. 1218 N. Caroline St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Seymour S. Waters

6. DATE OF BIRTH (month, day, year) April 11 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68 yrs	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Laurel Md

FATHER

13. NAME John Foder

14. BIRTHPLACE (city or town) (State or country) Laurel Md

MOTHER

15. MAIDEN NAME Carrie Elliott

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Seymour S. Waters

(Address) 1218 N. Caroline

18. BURIAL, CREMATION, OR REMOVAL

Parkwood Cemetery Date Jan 4, 1937

19. UNDERTAKER Elmer H. Compton

(Address) 22 E. Eager St

4-1937 19 ... Registrar.

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ingnig (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ingnig (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	

Other contributory causes of importance:

Coma

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) [illegible] Coroner, M. D.

(Address) 1010 S. Ellwood Ave

30665

✓ F 30665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mech. Bath Gen. Hospital, 107-a — Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 25-1 Ward)

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify War No Record

2. FULL NAME Annie E. Jacoby

(a) Residence: No. 4505 Fernhill ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 22 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Families

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Ft. Co. Md.

FATHER

13. NAME John Henry Jacoba

14. BIRTHPLACE (city or town) (State or country) Prince Georges Md.

MOTHER

15. MAIDEN NAME Mary Angelica Corkery

16. BIRTHPLACE (city or town) (State or country) Ft. Co. Md.

17. INFORMANT Chas. D. Cook.
(Address) 4505 Fernhill Lane,

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 2nd 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

2-1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 7 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. Mann Graves M. D.
Coroner

(Address)

OCCUPATION IS VERY IMPORTANT.

30666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30666

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3801 Belair Rd St. 26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Koenig

If U.S. Veteran specify WAR ... No Records

(a) Residence: No. 3801 Belair Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE~~ of Lillian Koenig

6. DATE OF BIRTH (month, day, year): Nov 25 1879

7. AGE: Years 57 | Months 1 | Days 6 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Worker Stripper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: U S Construction Co

10. Date deceased last worked at this occupation (month and year): Nov 26 / 36

11. Total time (years) spent in this occupation: 13 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Frederick Koenig

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Borman

16. BIRTHPLACE (city or town) (State or country): Baltimor Md

17. INFORMANT: Lillian Koenig

(Address) 3801 Belair Road

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimor Date: Jan 4 37

19. UNDERTAKER: William Cook

(Address) 1217 St Paul Street

20. FILED ... 19 ... Registrar.

1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 1st 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 24 1936 to Jan 1 1937

I last saw him alive on Jan 1 1937 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset 1936

Pulmonary Hemorrhage

Other contributory causes of importance:

Secondary Anemia

Was an operation performed? No Date of ...

For what disease or injury? ...

Clinical - X Ray - Sputum

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Walter A Anderson M. D.

(Address) 2001 Shannon Drive

LAWRENCE C. MACHIN, JR. ✓ F 30667

30667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

1. PLACE OF DEATH Mercy Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 7 1 5 Ward 4)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Machin — If U.S. Veteran specify WAR .....

(a) Residence: No. 5710 Newbury St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 27-1936

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Lawrence C. Machin
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emma C. Bloom
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Lawrence C. Machin
(Address) 5710 Newbury St.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Jan. 2 1937

19. UNDERTAKER Horace F. Burger
(Address) 3631 Falls Road

20. FILED 2-1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27 . 1936. to Dec. 31 . 1936
I last saw him alive on Dec 31 . 1936 Death is said to have occurred on the date stated above, at 7.39 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Extra Cranial Hemorrhage.	12/31
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Charles L. Goodhart M. D.
(Address) Mercy Hospital City

✓F 30668

30668 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Lafayette 13-3 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Jesse Nathaniel Hill

If U. S Veteran specify WAR.....

(a) Residence: No. 2318 McCulloh St. Ward.....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adeline Hill.

6. DATE OF BIRTH (month, day, year) May 31, 1884

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
52	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur 023

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Nathaniel Hill

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Carrie Thompson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Adeline Hill.
(Address) 2318 McCulloh

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Jan 2 1937

19. UNDERTAKER Archibald L. Gaddes
(Address) 2101 McCulloh St

FILED 2-1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec: 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec: 29. 1936 to Dec 31 1936

I last saw him alive on Dec. 31 1936 Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/27/36
Other contributory causes of importance:	
Influenza	12/24/36

Was an operation performed? None Date of.....

For what disease or injury?.....

Name of operation..... Date of.....

What test confirmed diagnosis Clinical & X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, how?.....

(Signed) J. Bradford Higgins M. D.

(Address) 2243 Madison Ave

Spec.—1-10-21—M&T—1500 Bks.

✓ F 30669

30669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1927 Penna Av ST. 14-3 WARD)

2-FULL NAME Roberta Johnson

(a) RESIDENCE NO. 1927 Penna Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Apr 8 1901

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	8	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer Not employed Pensacola, Fla

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER David A. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Robinson Switch, Ala.

12 MAIDEN NAME OF MOTHER Mary Mellinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pensacola Fla

14 Informant (Address) David Johnson 1927 Penna ave

15 2-1937 Lexington Phillips, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/31 1936

17 I HEREBY CERTIFY, That I attended deceased from Dec 24, 1936, to Dec 31, 1936

that I last saw h alive on Dec 30, 1936

and that death occurred, on the date stated above, at 4.10 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 3 ds

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam etc

(Signed) H. L. Hughes M. D.

12/31, 1936 (Address) 825 N. Fremont Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL Jan 2nd 1937

20 UNDERTAKER Orchard & Gallis — ADDRESS 2101 E Bull St

TION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 30670

30670 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 W. Saratoga St. St 4-K Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elijah Stroud

U. S. Veteran specify WAR .....

(a) Residence: No. 710 W. Saratoga St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Skilled Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) S.C. (State or country)

FATHER

13. NAME David Stroud

14. BIRTHPLACE (city or town) S.C. (State or country)

MOTHER

15. MAIDEN NAME Louis Howell

16. BIRTHPLACE (city or town) S.C. (State or country)

17. INFORMANT Louis Stroud

(Address) 710 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date June 2 1937

19. UNDERTAKER Williams & Jackson

(Address) 916 Penna Ave

2-1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify .....

(Signed) H. K. Gruber, M. D.

Coroner

(Address) 2757 W. North Ave

30671 F 30671

30671 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 24-122B

12256

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 17-1 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Matilda [redacted] (Matilda Dobson)

(a) Residence: No. 531 Camel Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Meyers

6. DATE OF BIRTH (month, day, year): 5-16-1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
45	47	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: James [redacted] (Dobson)

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Louise ?

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn. Cem Date Jan 2 1936

19. UNDERTAKER: Mrs Robert J. Elliott daughter.
(Address) 1129 Carolina St

20. FILED 1-7-1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-28, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-26, 1936 to 12-28, 1936

I last saw h[illegible] alive on 12-28, 1936 Death is said to have occurred on the date stated above, at 7 45 P.

The principal cause of death and related causes of importance [illegible] Intestinal obstruction due to adhesions — Date of onset 5 days

Other contributory causes of importance:

Was an operation performed? yes Date of 12-26-36

For what disease or injury? Int. obstruction.

Name of operation Release of adhesions

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so,

(Signed) W. A. Hooover M. D.

(Address) Balt. City Hosp.

F 30672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-E 30672

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 833 S Decker Sq Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William H. Rogers

If U.S. Veteran specify WAR .....

(a) Residence: No. 833 S Decker St. Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Rogers

6. DATE OF BIRTH (month, day, year) Sept 8

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Worker 2079

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME William L Clark

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Mary Rawlings

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Genevieve Rogers

(Address) 833 S Decker Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loud Park Cem Date Jan 7 1937

19. UNDERTAKER Martin W.E Diffel

(Address) 37 S Amer Ave.

20. FILED ..... 19 .....

Registrar.

JAN 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1936 to Dec. 31, 1936

I last saw him alive on Dec. 31, 1936 Death is said to have occurred on the date stated above, at 8 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy -	
Other contributory causes of importance:	
Arterio - Sclerosis -	
General -	

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Harry E. Wilson, M. D.

(Address) 3 W. Biddle

M. D. B 1268-9

F 30673

0673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-15 Ward)

Registered No. 173

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 3 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Marie Bryant

(a) Residence: No. 1442 Belvedere St., Ward. Franklin Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence Bryant

6. DATE OF BIRTH (month, day, year) Aug 29 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Bruce Pittman

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lora

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Sarah Bryant

(Address) 1442 Belvedere St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 1/2/37. 19

19. UNDERTAKER Isaiah L Brown & Son

(Address) 108 W Montgomery St

1937 Huntington Fitzhugh, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/9, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry)

to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound of Chest Rt.	
Emphysema	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Injury 12/1 1936

Where did injury occur? Balto. Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Gun shot wound fired by Husband during argument

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edwin R. Callaway M. D.

(Address) 103 St Paul St.

✓ F 30674

30674 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

152

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 8 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Crowder

If U.S. Veteran specify WAR .....

(a) Residence: No. 1026 Sharp St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 31, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8 9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Spencer Crowder
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Josie Owens
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Spencer Crowder
(Address) 1026 Sharp St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 1/4/37 19

19. UNDERTAKER Isaac L Brown & Son
(Address) 1054 N Montgomery St

Reg. Filed 2-1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12. 31. 1936

22. I HEREBY CERTIFY, That I attended deceased from 12. 25. 1936 to 12. 31. 1936

I last saw him alive on 12. 31. 1936 Death is said to have occurred on the date stated above, at 10.55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	12.1936
Abscess of left arm	12.1936
Other contributory causes of importance:	

Was an operation performed? Yes Date of 12. 31. 36

For what disease or injury? Incision & drainage of abscess of left arm

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James D. Carr M. D.

(Address) 515 Mosher St

Spec.—1-30—M. & T.—250 Bks

F 30675

30675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3001 Harlem ave ST. 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Albert Robinson Hancock
Mary A. Sutliff Hancock

(a) RESIDENCE NO. 3001 Harlem ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Robinson Hancock

6 DATE OF BIRTH (month, day, and year) Nov. 24, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 0037

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thomas Sutliff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Amelia Merelle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mr. Clinton S. Hancock
(Address) 3001 Harlem Ave.

15 FILED 12-31-1937 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31, 1936

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1935 to Dec. 31, 1936, that I last saw her alive on Dec 31, 1936, and that death occurred, on the date stated above, at 8 45 A.m.

The CAUSE OF DEATH* was as follows:

Myocarditis (Chronic)

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E. Eugene Harrington, M. D.

12/31 1936 (Address) 234 W Edmondson ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL Jan. 2 1937

20 UNDERTAKER Rose P. Cook

ADDRESS 1003 W. Baltimore

M. D. B 1268-9

E 30676

30676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter Carter

If U. S. Veteran specify WAR .....

(a) Residence: No. 864 Pierce St St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Not Known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not Known 0087

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Jan 2, 1937

19. UNDERTAKER Mrs Kate R. Williams

(Address) 332 Lafayette Ave.

JAN 2 - 1937

Mt. Zion Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic Aortitis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. H. Nolan, M. D.
Coroner

(Address) 3757 W. North Ave.

M. D. B 1268-9

F 30677

30677

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

182-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St. Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Melvina Worthington

(a) Residence: No. 633 Smithson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 23-36

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Worthington

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Melissa Sheppard

16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Howard Co Md Date Jan 2, 1937

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 N Schroeder St

20. FILED 1-2-1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-30, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung Collapse	12/30
Cyanosis	36

Other contributory causes of importance: Asphyxiation

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 12-30, 1936

Where did injury occur? Home - 633 Smithson St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury was asphyxiated while in bed

Nature of injury Asphyxiation Entered bed smothered

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George S. Allen M. D.

(Address) 50 Dugan Pl

M. D. B. 1268-9

F 30678

30678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 N Carlton St., 18-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paige Ann Jones

(a) Residence: No. 9 N Carlton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col'd	Wid

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Jones

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1137

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harrisonburg Va

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Paige Harris

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT H B. Jones

(Address) 9 N Carlton St

18. BURIAL, CREMATION, OR REMOVAL

Place Lacrosse, Va Date Jan 2, 1937

19. UNDERTAKER Mrs. Katie R Williams

2-1937 822 N. Arlington Ave Baltimore Md

(Address) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1936 to Dec 29 1936

I last saw h alive on Dec 29, 1936 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Disease Heart Arteriosclerosis	?
Other contributory causes of importance: Pulmonary Edema	Dec 28

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) 9 N Carlton M. D.

(Address)

30679 F 30679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 22-1 Ward)

Registered No. 56

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Wollick

If U. S. Veteran specify WAR

(a) Residence: No. 12 E. York St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0049

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME K. Wollick

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Vasil Mikolock

(Address) 621 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL Holy Trinity Russian a.a.to.

Place Holy Trinity Russian a.a.to. Date Jan 2 1937

19. UNDERTAKER John Greblauckas

(Address) 423 S. Paca St.

Dec. FILED 1937 (Signature) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 1, 1937 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Endocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Hulse M. D.

Coroner

(Address) 2757 E. Monument

30680 **HEALTH DEPARTMENT--CITY OF BALTIMORE** F 30680

CERTIFICATE OF DEATH

J 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital (Street) (Ward) 3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clotilde Henry

If U.S Veteran specify WAR ...

(a) Residence: No. 2007 Druid Hill Ave. Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	divorced

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Douglass C.

6. DATE OF BIRTH (month, day, year) 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6086

10. Date deceased last worked at this occupation (month and year) Dec. 36

11. Total time (years) spent in this occupation 32 yrs

12. BIRTHPLACE (city or town) (State or country) Jamaica B.W.I.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Maude Walters
(Address) 559 Presstman

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Jan 2 1937

19. UNDERTAKER Mrs. George H. Hill
(Address) 631 Druid Hill Ave

20. FILED ... Registrar

2 - 1937

14

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH (month, day, year) 12. 30. 1936

22. I HEREBY CERTIFY, That I attended deceased from 12. 9. 1936 to 12. 30. 1936

I last saw her alive on 12. 30. 1936 Death is said to have occurred on the date stated above, at 11 05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, without edema or hypertension	Years
	about
Other contributory causes of importance: Uremia	12.24.36

Was an operation performed? No Date of ...

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) James A. Corr M. D.
(Address) 515 Mosher St

30681 F 30681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 5 mos. 29 ds. How long in U. S. If of foreign birth 50 yrs. 5 mos. 29 ds.

2. FULL NAME Marie Sander Stockett

If U.S. Veteran specify WAR NONE

(a) Residence: No. 3403 Fairview Av. St., Forest Park Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph P. Stockett

7. DATE OF BIRTH (month, day, year): July-3-1886

7. AGE: Years 50 | Months 5 | Days 29 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Balto. Maryland

MOTHER FATHER

13. NAME: Louis Sander

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

15. MAIDEN NAME: Mayan Schmidt

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Mr J O Stockett Husband

(Address) 3403 Fairview Av

18. BURIAL, CREMATION, OR REMOVAL

Place Leadenhall Date Jan 4 37 19

19. UNDERTAKER: Sherwin Memorial Co.

(Address) 108 W Franklin

20. 1-2-1937 Huntington Phillips, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-1 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1936 to Jan 1 1937

I last saw h[illegible] alive on Jan 1 1937. Death is said to have occurred on the date stated above, at 8:32 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Papillary Carcinoma of left ovary	April 1931
Generalized Carcinomatosis	?
Intestinal obstruction	Dec. 1936

Other contributory causes of importance:

Was an operation performed? Yes Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Howard B. Sprague M. D.

(Address) University Hospital

F 30682

30682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Thomas

If U.S. Veteran specify WAR

(a) Residence: No. Charlotte Hall St. Mary's Co. Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Josephine Thomas

6. DATE OF BIRTH (month, day, year): Sept 20 - 1891

7. AGE: Years 45 | Months 3 | Days 12 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): St Mary Co Md

13. NAME: Robert Thomas

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME: Julia A Driscoll

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Josephine Thomas

(Address): St Mary Co

18. BURIAL, CREMATION, OR REMOVAL: St Mary Co 1-2-1937

Place

19. UNDERTAKER: Edward M Carey Son

(Address): 638 N. Eutaw St

DATE 1-3-1937

Washington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/30/36, 19 to 1/2/37, 19

I last saw h. 1. alive on 1/2/37, 19. Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Ulcer with hemorrhage	12/29/36

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William J. McGrath M. D.

(Address) Univ Hospital

30683 HEALTH DEPARTMENT—CITY OF BALTIMORE F 30683

CERTIFICATE OF DEATH

66a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospt. St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Florence Howard

If U.S. Veteran specify WAR .....

(a) Residence: No. Reisterstown Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. R. Howard

6. DATE OF BIRTH (month, day, year) Oct. 12 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Co

FATHER

13. NAME Wm. H. Moss

14. BIRTHPLACE (city or town) (State or country) Balto Co.

MOTHER

15. MAIDEN NAME Ella Strine

16. BIRTHPLACE (city or town) (State or country) Frederick Co.

17. INFORMANT Wm R Howard (Address) Reisterstown Md

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Jan 5 1937

19. UNDERTAKER J. F. Cline & Sons (Address) Reisterstown Md.

FILED JAN 3 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/4/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 12/29/36 . 19 ..... to 1/4/37 . 19 .....

I last saw her alive on 1/4/37 . 19 . Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

Adenoma of Thyroid with thyrotoxicosis — Date of onset .....

Other contributory causes of importance:

Bronchial Pneumonia

Was an operation performed? Yes Date of 12/30/36

For what disease or injury? Adenoma of Thyroid

What test confirmed diagnosis? Yes Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. Kinsley Walker M.D.

(Address) University Hospital

F 30684 Gerhardt F 30684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. 1517 Bush St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Gerhardt

If U. S. Veteran specify WAR .....

(a) Residence: No. 1517 Bush St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Gerhardt

6. DATE OF BIRTH (month, day, year) Oct 24 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (037)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Adam Reibert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eva Fleischner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Richard Gerhardt
(Address) 1517 Bush St

18. BURIAL, CREMATION, OR REMOVAL
Place Egg Harbor City N J Date Jan 4, 1937

19. UNDERTAKER Frederick A Cole
(Address) 1200 W Lombard St

20. FILED ..... 19.....

JAN 3 - 1937 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-1-1937

22. I HEREBY CERTIFY, That I attended deceased from July 1 1936 to Jan 1, 1937

I last saw her alive on 5.30 P. 19..... Death is said to have occurred on the date stated above, at 5.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocardial Fibrosis	?
Coronary Sclerosis	

Other contributory causes of importance:
generalized arteriosclerosis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Cervical Fundus

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

(Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) Louis J Glass M. D.

(Address) 716 W Lombard St

F 30685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 84-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-S St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Earl Evans

(a) Residence: No. 2305 - Penn St - St., Ward. Harrisburg Pa (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Helen N Evans

6. DATE OF BIRTH (month, day, year) 1/3/94

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Branch Supt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Glass Co.

10. Date deceased last worked at this occupation (month and year) 1-36

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) (State or country) Penn

FATHER

13. NAME Samuel R Evans deceased

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Nellie Lucas deceased

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Helen N Evans wife

(Address) JOHNS HOPKINS HOSPITAL 2305 Penn St Pa

18. BURIAL, CREMATION, OR REMOVAL Place Harrisburg Pa Date 1/4/37

19. UNDERTAKER Lechleiter Cook

(Address) 1217 St Paul St

20. FILED JAN 3 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1936 to Jan 2 1937

I last saw him alive on Jan 2 1937. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Basal meningitis - purulent	12-36
	1-1-37
Other contributory causes of importance:	
Cerebellar abscess	?
otitis media	

Was an operation performed? Yes Date of 12-31-36

For what disease or injury? Cerebellar abscess

What test confirmed diagnosis? Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. F. Jonas Jr. M. D.

(Address) The Johns Hopkins Hospital

F 30686

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30686

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2168 Woodberry Ave St., 13-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth A. Swartz

If U. S. Veteran specify WAR

(a) Residence: No. 2168 Woodberry Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John W. Swartz

6. DATE OF BIRTH (month, day, year): May 29, 1850

7. AGE: Years 86 | Months 7 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: John B. Gore

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Sarah Fallow

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: MRS. Sarah Annie D. Wise

(Address) 2168 Woodberry Ave.

18. BURIAL, CREMATION, OR REMOVAL: Interment

Place Green Mount Cem. Date Jan. 3 1937

19. UNDERTAKER: Easton Bros.

(Address) E. Fayette St.

JAN 3 - 1937

Filed Jan 3 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1936, to Dec 31, 1936

I last saw h alive on Dec 31, 1936 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset Dec 35

Other contributory causes of importance: Senility — Chron. Int. — nephritis — arteriosclerosis

Was an operation performed? No Date of

For what disease or injury? none

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury none

Nature of injury none

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Emma D. Keene M. D.

(Address) 2168 Woodberry Ave Bmore

30687

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30687

CERTIFICATE OF DEATH

XV 46-D

1. PLACE OF DEATH Saint Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves, St.) 25-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas F. Lahiff (Thomas F. Lahiff) If U.S. Veteran specify WAR .....

(a) Residence: No. 715 Ingleside Ave St., Catonsville Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Genevieve McCormick

6. DATE OF BIRTH (month, day, year) ----------

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
.....	.....

12. BIRTHPLACE (city or town) (State or country) ----- Ohio

MOTHER FATHER

13. NAME John Lahiff

14. BIRTHPLACE (city or town) (State or country) --------- Ireland

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs. Genevieve Lahiff
(Address) 715 Ingleside Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 1/4 1937

19. UNDERTAKER Harvey C. Mears & Son
(Address) 802 N. Calvert St.

1-3-1937 [illegible] for Medical Examiner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-1 1937

22. I HEREBY CERTIFY, That I attended deceased from 12 23 1936 to 1 1 1937

I last saw him alive on Jan. 1 1937 Death is said to have occurred on the date stated above, at 10.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	
Generalized Peritonitis	
Perforation of Caecum	
Other contributory causes of importance:	
Arterio sclerosis	

Was an operation performed? Yes Date of 12-28-36

For what disease or injury? Intestinal Obstruction

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Karl F. Meyer M.D.

(Address) St. Agnes' Hospital

F 30688

30688 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ~~Johnston Hosp~~ Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME George Herbert Yost Jr. No Record

(a) Residence: No. 802 Gorsuch Ave St., ... Ward Johnston Hosp

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 26th 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME George Herbert Yost

14. BIRTHPLACE (city or town) (State or country) Canada

15. MAIDEN NAME Esther Sawyer

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) George Herbert Yost 802 Gorsuch Ave

18. BURIAL, CREMATION, OR REMOVAL Place Pleasant Hill Md Date Jan 4th 1937

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED JAN 3 - 1937 Huntington Pollitt, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1936 to Dec 31 1936

I last saw him alive on Dec 31 1936 Death is said to have occurred on the date stated above, at 11:37 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Marasmus	about Dec 1, 1936
	about
Other contributory causes of importance: Bronchopneumonia	Dec 28, 1936

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. B. Smith M. D.

(Address) Union Mem. Hosp.

F 30689

M. D. B. 1268-9

F 30689

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 164-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2791 Alameda Blvd. St., 9-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Anna M. Panter

(a) Residence: No. 2791 Alameda Blvd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Panter

6. DATE OF BIRTH (month, day, year) October 5th, 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frederick Bister

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Fredericka Schlesweis

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Emily Bennett

(Address) 523 N. Bace St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 5th 1937

19. UNDERTAKER Wm Cook

(Address) 127 St Paul st

20. FILED Jan 6 1937 Huntington Pollard Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 2, 1937

22. I HEREBY CERTIFY, That I took care of the deceased above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon monoxide poisoning (Illuminating gas)	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury Jan. 2, 1937

Where did injury occur? 2791 Alameda Blvd. Balto, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home —

Manner of injury Turned on jets in gas

Nature of Injury none.

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schuster, M. D. Coroner

(Address) 1718 E. North Ave

FM. 30690 F 30690

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

179

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Donald Knott. If U. S. Veteran specify WAR .....

(a) Residence: No. 231 Loudon Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Feb 8th 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Edward A. Knott.

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER

15. MAIDEN NAME Katherine Elliott.

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

17. INFORMANT Edward A. Knott.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 1/4 1937

19. UNDERTAKER Fellows Gordon
(Address) 1212 E Lexington for Williams

20. FILED 3-1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Operation Pneumonia following Intubation 7 days	
Other contributory causes of importance: Dec 13-36 2 weeks Chronic Nephritis years	

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation Intubation Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec 13, 1936.

Where did injury occur? At child home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At Home

Manner of injury Mother gave dose for Enuresis was for time with.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Thos. H Phillips M. D.
Coroner

(Address) 1937 Edmondson Ave

F 30691

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30691

CERTIFICATE OF DEATH

46-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 42 Irving place St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? 76 yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Jacob Paskow or Paskoff

(a) Residence: No. 42 Irving place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Yetta

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER'S MAIDEN NAME

13. NAME Hany Paskow

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Mossie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Gertie Paskow (Address) 14 Irving Place

18. BURIAL, CREMATION, OR REMOVAL. 1-3-37 Place Mt Carmel Date 19

19. UNDERTAKER Jack Levin & Son (Address) 1439 E. Baltimore St

20. FILED JAN 3 - 1937 19 at Langston Philbrook, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 2 . 1937

22. I HEREBY CERTIFY, That I attended deceased from June . 1936 . to January 2 . 1937

I last saw him alive on January 1 . 1937. Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1936
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Milton L. Solomon M. D.

(Address) 14 S. Broadway

M. D. P. 1268-9

30692

HEALTH DEPARTMENT—CITY OF BALTIMORE

30692

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto Gen'l Hosp St., (Ward) 23-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Louis Shapiro

(a) Residence: No. 2213 Orem Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coca Cola Bldg

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Mendel Shapiro

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Leah

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holen Freedman Date 1/3/37 19

19. UNDERTAKER Jack Levin

(Address) 1439 E. Balto St

20. FILED 1-3-1937 Harrington Phillips, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-1-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/11 36 to 1/1 37

I last saw h alive on 19 . Death is said to have occurred on the date stated above, at 10:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Myocardial failure	1 day
Embolus right femoral artery	12/10/36
Arteriosclerotic CVR Disease	
Other contributory causes of importance:	
Coronary Sclerosis with infarction of myocardium	
Renal Arteriosclerosis Chronic passive congestion	

Name of operation amputation mid thigh right Date of 12/10/36

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) West Balto Gen'l Hosp M. D.

(Address)

F 30693

F 30693 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2105 Pennsylvania Ave St., 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth 15 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Etta Meyer

(a) Residence: No. 2105 Pennsylvania Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Abram Meyer.

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71 years			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Theodore Wolf

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Dr. M. Wolf
(Address) South Baltimore Gen. Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 1-3-37 19

19. UNDERTAKER Jack Levin Lodge
(Address) 1432 E. Baltimore St.

20. FILED 1-3-1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-1-37 19

22. I HEREBY CERTIFY, That I attended deceased from July 1936, to Jan 1-37 19

I last saw him alive on 1-1-37 19 Death is said to have occurred on the date stated above, at 930 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal Vascular Disease	1926

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Nathan Wolf M. D.

(Address) South Baltimore Gen. Hospital

32273
30694

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30694

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH Johns Hopkins Hospital

Registered No.

CITY OF BALTIMORE: (No. 7-5 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S. If of foreign birth? ? yrs. mos. ds.

2. FULL NAME Hannah Winer

(a) Residence: No. 716 - 1st St., Ward. Columbus Ga

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE: Isador Winer

6. DATE OF BIRTH (month, day, year): 4-15-67

7. AGE: Years 69 | Months 8 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ga

MOTHER FATHER

13. NAME: Solomon Lefkowitz

14. BIRTHPLACE (city or town) (State or country): Europe

15. MAIDEN NAME: Marian Lefkowitz

16. BIRTHPLACE (city or town) (State or country): Europe

17. INFORMANT: Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place: Columbus, Ga. Date: Jan. 3 1937

19. UNDERTAKER: Laird Loyd Crain & Son

(Address) 1902 Eutaw Place

20. FILED 1937 Registrar

3-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 3 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1936 to Jan 3 1937.

I last saw her alive on Jan 3 1937. Death is said to have occurred on the date stated above, at 1.05 A m.

The principal cause of death and related causes of importance were as follows:

Lymphosarcoma — Date of onset July 1936

Other contributory causes of importance:

Generalized arteriosclerosis

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Rankin C. Blount M. D.

(Address) Johns Hopkins Hosp

F 30695

M. D. B 1268-9

F 30695

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210M

Registered No. 193

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. 3 mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME James H. Mooney.

(a) Residence: No. 434 S. Stricker St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~XXXXXXXXXX~~ HUSBAND of ~~XXXXXXX~~ Clara Mooney.

6. DATE OF BIRTH (month, day, year) September 7, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Mooney.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Alice ~~Mooney~~.

16. BIRTHPLACE (city or town) (State or country) Scotland.

17. INFORMANT Clara Mooney. (wife)
(Address) 434 S. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL
Jun[illegible] Date Jan 4. 1937

19. UNDERTAKER Calvert M. Coughlin
(Address) 1[illegible] E. Lanvale St.

20. FILED 19 Re[illegible]

1-3-1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 31, 1936

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the skull	
Automobile Accident	12/27/36

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 12/24/36, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Fulton Ave Between McHenry and Ramsay Sts.

Manner of injury Struck by auto while crossing St.

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Otto M. Reinhardt, M. D.
Coroner

1/2/37 (Address) 1017 S. Charles St.

30696

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30696

CERTIFICATE OF DEATH

46-F 8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3414 Mt. Pleasant Ave St., 46 Ward) 8

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Zink

If U.S. Veteran specify WAR .....

(a) Residence: No. 3414 Mt. Pleasant Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward L. Zink

6. DATE OF BIRTH (month, day, year) April 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Edward Johnson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Margaret Hoffstetter

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT James Zink (Address) 3414 Mt. Pleasant Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Cem Date Jan. 4/37

19. UNDERTAKER C. Miller & Son (Address) 2334 Jefferson St.

FILED 1-3-1937 Evington Phillips, D

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/31, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1936 to 12/31, 1936

I last saw her alive on 12/31/36, 1936. Death is said to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	12/31/36
Contributory causes of importance: Chronic Myocarditis Arteriosclerosis	Indefinite

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury ....., 19...

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Irving Lee Cullen M. D.

(Address) 3324 E. Baltimore

30697 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 30697

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3407 Elliott St. 96-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Beynon

If U.S. Veteran specify WAR .....

(a) Residence: No. 3407 Elliott St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 1-1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Copper Works

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Beynon

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Richards

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mary Schumann

(Address) 3407 Elliott St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Jan. 4 1937

19. UNDERTAKER G. Miller & Son

(Address) 2334 Jefferson St.

20. FILED 1-3-1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/1/1937

22. I HEREBY CERTIFY That I attended deceased from Oct 1 1936 to 1/1/1937

I last saw h... alive on 1/1/37 12:45 PM Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	1/1/37
Contributory causes of importance: Chronic Myocarditis Arteriosclerosis	Uncertain

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, how? .....

(Signed) Virgil L. Wells M. D.

(Address) 3343 E. Baltimore St

Sarah Thomas

F 30698

HEALTH DEPARTMENT—CITY OF BALTIMORE

30698

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 843 Robert St., 14 Ward)

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Thomas

If U.S. Veteran specify WAR

(a) Residence: No. 843 Robert St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	B.	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Donald Anthony

6. DATE OF BIRTH (month, day, year) 1/23/04

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1870

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME John Thomas

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Susan Robey

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Addie Smith

(Address) 1317 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 1/3/ 1937

19. UNDERTAKER Frances A Wemyss

(Address) 538 W. Biddle St

FILED 19 Registrar

JAN 3 - 1937 Lexington Funeral Home, Inc

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/31/36 19

22. I HEREBY CERTIFY, That I attended deceased from 12/27/36 to 12/31/36

I last saw her alive on 12/30/36 Death is said to have occurred on the date stated above, at 6:20 PM

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Pul, tuberculosis	4 Weeks
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. Lee Ellis M. D.

(Address) 524 Park Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

30699 — CERTIFICATE OF DEATH — F 30699

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 903 Morris St. St., 11-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Wilson

If U.S Veteran specify WAR

(a) Residence: No. 903 Morris St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	Single

5a. If married, widowed, or divorced RUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 25. 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Charles Wilson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary E. Baker

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Ella Wilson

(Address) 2411 Lake St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 1/4/ 1937

19. UNDERTAKER Mrs. Frances A. Hemsley

(Address) 578 W. Biddle St.

20. FILED 19 Registrar

JAN 3 - 1937 Washington [illegible], MD

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Dec 31 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1936 to Dec 31 1936

I last saw h— alive on Dec 30 1936 Death is said to have occurred on the date stated above, at 11:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ns If so, specify

(Signed) J. McKay M. D.

(Address) 1126 Druid Hill

F 30700 HEALTH DEPARTMENT—CITY OF BALTIMORE F 30700

19575

CERTIFICATE OF DEATH

53-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 12-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Brooks

(a) Residence: No. 115 W. 25th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa

6. DATE OF BIRTH (month, day, year) 4/1/1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	8	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 00?0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Augustus

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Martha Jones

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Cem. Date 1/4/ 37

19. UNDERTAKER Mrs. Frances A. Hensley
(Address) 518 W. Biddle St.

20. FILED 19 Registrar

JAN 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-31 .1936

22. I HEREBY CERTIFY, That I attended deceased from 12-17 1936 to 12-31 1936

I last saw him alive on 12-31 1936 Death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis of unknown origin	Months

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospital

30701

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30701

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 26-10 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. d. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joan Hall

If U. S. Veteran specify WAR

(a) Residence: No. 23 N. Clinton Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-26-1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	4 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Wallace Hall

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Rose Wise

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. Date Jan 4, 19 37

19. UNDERTAKER A. Bauguess & Sons
(Address) 1405 Eutaw St

FILED Jan 3 - 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-1-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-31-36, 19 to 1-1-37, 19

I last saw h[illegible] alive on 1-1-37, 19 Death is said to have occurred on the date stated above, at 5 35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-30-36
Anuria	12-30-36
Dehydration	12-30-36
Other contributory causes of importance:	
Otitis media	12-30-36

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) a Jakrander M. D.

(Address) Balto. City Hosp

30702 HEALTH DEPARTMENT—CITY OF BALTIMORE F 30702

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 W. Fort Ave St., 23-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida Mary Schreyer

(a) Residence: No. 108 W Fort Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John L. Schreyer

6. DATE OF BIRTH (month, day, year) about 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
51	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Dont know

14. BIRTHPLACE (city or town) (State or country) Dont know

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Dont know

17. INFORMANT John L. Schreyer
(Address) 108 W. Fort Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Date Jan 4, 1937

19. UNDERTAKER A. Howard Evans
(Address) 1420-22 Light St

FILED JAN 5 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1935 to Jan. 2, 1937

I last saw her alive on Jan. 1, 1937. Death is said to have occurred on the date stated above, at 12.50 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio vascular renal disease	Feb. 10, 1935.
Other contributory causes of importance:	

Was an operation performed? no Date of ...

For what disease or injury? - - -

What test confirmed diagnosis? D.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify - - -

(Signed) Harry Deibel M. D.

(Address) 1224-1226 Hanover St.

Spec.—1-10-21—M&T—1500 Bks.

F 30703

F 30703 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST. ... WARD) 111B

2-FULL NAME John Bohr

(a) RESIDENCE NO. 2a O'Bo Ba, MD ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. How long in U. S., if of foreign birth? ... yrs. ... mos. 12 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: 74 | Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address): Hospital Records

Filed JAN 3 1937 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-3 1937

17 I HEREBY CERTIFY, That I attended deceased from 12-15 1936 to 1-3 1937,

that I last saw him alive on 1-3 1937,

and that death occurred, on the date stated above, at 6.15 A m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Bed sores (duration) 2 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Chronic Condition

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. J. Conway, M. D.

1-3 1937 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Bryans Road

DATE OF BURIAL 1/7 1937

20 UNDERTAKER: Merritt & Ryan

ADDRESS Waldorf

TION is very important. See instructions on back of Certificate.

M. D. B. 1363-3

F 30704

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30704

CERTIFICATE OF DEATH

164-a

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 3700 Nortonia Road St., 15 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME RITA ELEANORE SMITH HEUISLER — If U. S. Veteran specify WAR

(a) Residence: No. 3700 Nortonia Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced — ~~HUSBAND~~ of (or) WIFE of Joseph S. Heuisler

6. DATE OF BIRTH (month, day, year) May 1, 1915

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	8	~~21~~ 1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Irwin R. Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Margaret Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. Joseph S. Heuisler
(Address) 3700 Nortonia Road

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Jan. 5th 1937

19. UNDERTAKER Chas. H. Jones, Hon
(Address) 1118 W. Mt. Royal Ave

20. FILED 1-3-1937, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 12 30 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating gas	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 1/2, 1937
Where did injury occur? 3700 Nortonia Rd.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place in home
Manner of injury Illuminating gas Kitchen
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. Ham, M. D.
Coroner
(Address) 1215 Hanover

F. D. F 30705 ✓ F. 30705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH Jenkins Memorial Hospital
CITY OF BALTIMORE: (No. 1000 Caton Avenue St. 24 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank J. Reed

(a) Residence: No. 1420 Belt Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52 Years			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Reed

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Margaret Smith

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Jenkins Memorial Hospt.
(Address) 1000 Caton Avenue

18. BURIAL, CREMATION, OR REMOVAL.
Place Cathedral Date 1-4, 1937

19. UNDERTAKER J. J. Tyler & Son
(Address) 1530 Gilmor St

20. FILED JAN 3 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 1st, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 6th, 1936 to January 1st, 1937
I last saw him alive on January 1st, 1937 Death is said to have occurred on the date stated above, at 8 00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive arteriosclerotic Cardio-Renal Disease	1903
Uremia	12-1-36

Other contributory causes of importance:

Chronic Hypertrophic Arthritis	

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Louis A. Llewellyn M. D.
(Address) St. Agnes Hospital

M. D. B. 1268-9

30706

F 30706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

118

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 635 E - 28th St. 7-4 Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John H. Poindexter

If U. S. Veteran specify WAR .....

(a) Residence: No. 635 E - 28th St Home St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 27-1922

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	14	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greensburg - Pa

FATHER

13. NAME John Poindexter

14. BIRTHPLACE (city or town) (State or country) Florida

MOTHER

15. MAIDEN NAME Ella Craggs

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT John Poindexter

(Address) 635 E 28th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date Jan 3 - 1937

19. UNDERTAKER Mrs Geo H. Holland

(Address) 1631 Orland Park Ave

20. FILED Jan 3 1937, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Insufficiency	
Acute Indigestion	Dec 31 36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [redacted] M. D.

Coroner

(Address) [redacted]

OCCUPATION IS VERY important. See instructions

F 30707 HEALTH DEPARTMENT—CITY OF BALTIMORE F 30707

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hosp Registered No. 131

CITY OF BALTIMORE: (No. ..... St. 42 — Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr Jeremiah Joseph Murphy

(a) Residence: No. Rocks Md St., ... Ward. Street, Maryland
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel Murphy

6. DATE OF BIRTH (month, day, year) Feb 16 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 0056

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Nov 36 | 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Rocks Harford Co Md

FATHER

13. NAME Cornelius Murphy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Deborah Sullivan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs J J Murphy (Address) Rocks

18. BURIAL, CREMATION, OR REMOVAL

Place Rocks Date Jan 6 37

19. UNDERTAKER Edward Rhodes Jr (Address) Forest Hill Md

20. FILED ... Registrar.

Jan 3 - 1937 Huntington Williams, M.D.

3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 . 1936 to Jan 3 . 1937.

I last saw him alive on Jan 3 . 1937. Death is said to have occurred on the date stated above, at 7 20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular renal disease	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Robert H Lowe M. D.

(Address) Union Memorial Hospital.

M. D. B. 1268-9

30708 ✓ F 30708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1000 Eaton Ave, City St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ~ yrs. 1 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nettie Pauline Preston

(a) Residence: No. Stevenson Rd., Pikesville, Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James B. Preston

6. DATE OF BIRTH (month, day, year) June 27-1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	-	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. @ Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) #037

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Stevenson Pike

14. BIRTHPLACE (city or town) Harford County (State or country) Maryland

MOTHER

15. MAIDEN NAME Helen Wheeler

16. BIRTHPLACE (city or town) Harford county (State or country) Maryland

17. INFORMANT Jenkins Mem. Hospt. (Address) 1000 eaton avenue

18. BURIAL, CREMATION, OR REMOVAL
Place MT. ZION CEM.-FOUNTAIN GREEN-MD. Date 1-4-37 19

19. UNDERTAKER F. R. Stephens & Son (Address) 300 Eastern Place

20. FILED 1-5-1937 for Whitmore, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1936 to Dec 31, 1936

I last saw her alive on Dec 31, 1936. Death is said to have occurred on the date stated above, at 12:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix with metastasis.	1935

Other contributory causes of importance:

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Louis F. Llewelyn M. D.

(Address) St. Agnes Hospital

M. D. B 1268-9

F 30709 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 30709

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt. City Hos. St. 1-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Franz Bloberger

If U. S. Veteran specify WAR .....

(a) Residence: No. 1315 E. Balto St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 28 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Germany

FATHER

13. NAME John

14. BIRTHPLACE (city or town) ..... (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Krauss

16. BIRTHPLACE (city or town) ..... (State or country) Germany

17. INFORMANT Mrs. Anna Lange (Sister)

(Address) 313 S. Smallwood St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date JAN 4-37 19

19. UNDERTAKER E. B. Phipps & Son

(Address) 1 E. Eutaw Place

20. FILED ..... Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 19 36

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy, or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. W. Wright M. D.

Coroner

(Address) 1010 S. Hilton Ave

30710 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 30710

525

95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 21-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1895 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Roberts

If U. S. Veteran specify WAR .....

(a) Residence: No. 827 S. Paca St., St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-26-1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	9	7 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0057

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) N. J.

FATHER

13. NAME Daniel Roberts

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Anna Daley

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 1/5/ 1937

19. UNDERTAKER John J. Cowan & Son
(Address) 901 Hollins St

20. FILED ... 19 ... Registrar.

JAN 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-2, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-22, 1936 to 1-2, 1937

I last saw him alive on 1-2, 1937 Death is said to have occurred on the date stated above, at 4 50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	3 or 4 yrs
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospitals

M. D. B 1268-9

F 30711

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 30711

CERTIFICATE OF DEATH

7

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 1027 Boyd St. 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estella F Canales

If U. S. Veteran specify WAR .....

(a) Residence: No. 1027 Boyd St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 18 1930

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
6	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Frederick E Canales

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Estella F ~~Baltimore~~

16. BIRTHPLACE (city or town) (State or country) Balt Hendersonville

17. INFORMANT Frederick Canales
(Address) 1027 Boyd

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 1/4/ 1937

19. UNDERTAKER John J Cowen & Son
(Address) 1601 Fulton Ave

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Duration	Date of onset
(a) Lobar Pneumonia	4 days	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos H Phillips M. D.
Coroner

(Address) 1937 Edmondson Ave

F 30712

F 30712 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH — 53D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2216 Eagle St. St. 20-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank X. Bauer

(a) Residence: No. 2216 Eagle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND (or) WIFE of Late Cunigunda Grace Bauer

6. DATE OF BIRTH (month, day, year) Dec. 4, 1865.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Barbara Montague (Daughter)
(Address) 604 S. Smallwood St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Jan. 4, 1937

19. UNDERTAKER Harry F. Lutz
(Address) 101 Edmondson Ave.

20. FILED 1-3-1937 Arthington Whitaker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1936 to Dec. 31, 1936

I last saw him alive on Dec. 31, 1936. Death is said to have occurred on the date stated above, at 8:00 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix — Date of onset 6 mos. — 990

Other contributory causes of importance:

Bronchopneumonia

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? Clinical findings Autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Benjamin Miller M. D.

(Address) 2030 Wilkens Ave

30713 ✓ F 30713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. 251

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3739 Wilkens Ave. St. ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry August Pfeiffer

If U. S. Veteran specify WAR ...

(a) Residence: No. 3739 Wilkens Ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Hettche Pfeiffer

6. DATE OF BIRTH (month, day, year) April 24, 1885.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME George Pfeiffer

14. BIRTHPLACE (city or town) Balto. Md. (State or country)

MOTHER

15. MAIDEN NAME Emma Dermell

16. BIRTHPLACE (city or town) Balto. Md. (State or country)

17. INFORMANT Amelia Pfeiffer (Address) 3739 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Jan. 4, 1937.

19. UNDERTAKER Harry A. Curtis (Address) 4101 Edmondson Ave.

20. FILED 1-3-1937 Arlington Millcreek, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1 , 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 – , 1936 to Jan 1 – , 1937

I last saw him alive on Jan 1 , 1937 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows: Date of onset

Coronary Embolism
Endocarditis - Hypertension
Arteriosclerosis

Other contributory causes of importance: Pulmonary Oedema

Was an operation performed? no Date of –

For what disease or injury? –

Name of operation – Date of –

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Herbert C. Hetsche M. D.

(Address) 2151 Wilkens Ave

F 30714 ✓ F 30714

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-e

Registered No. 25-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4701 Frederick Ave. St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Wesley Carroll

(a) Residence: No. 4701 Frederick Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma A. Brown Carroll

6. DATE OF BIRTH (month, day, year) April 22, 1869.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 106

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Michael Carroll

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary C. Fields

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT (Address) Emma A. Carroll 4701 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Jan. 4, 19 37

19. UNDERTAKER (Address) Harry A. Fritz 4101 Edmondson Ave.

20. FILED Lington Williams 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/1/37 . 19 ..

22. I HEREBY CERTIFY, That I attended, deceased from March 7, 36. Jan 1, 37. 19 .. to Jan 1, 37. 19 .. I last saw h..... alive on 1-1-37. Death is said to have occurred on the date stated above, at 10:30AM m.

The principal cause of death and related causes of importance were as follows: Cystitis. Chronic. — Date of onset

Other contributory causes of importance: Prostatic Hypertrophy. — Some

Was an operation performed? No. Date of ..... —

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19 ..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) D. Lloyd Johnson M. D.

(Address) Catonsville, Md

F 30715

30715 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital Registered No. 31

CITY OF BALTIMORE: (No. ..... St., 12 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sudley J. Strawbridge

(a) Residence: No. Pikesville, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nora Strawbridge

6. DATE OF BIRTH (month, day, year) May 3 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Edward Strawbridge

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sadie Redman

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs. L. J. Strawbridge
(Address) Pikesville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Pikesville Md Date June 1937

19. UNDERTAKER H. Howard Hobbs Sons
(Address) Same Place

(Filed) Huntington Williams Registrar.

JAN 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 3 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30 1936 to Jan. 3 1937.

I last saw him alive on Jan 3 1937 Death is said to have occurred on the date stated above, at 6 00 a m.

The principal cause of death and related causes of importance were as follows:

Cardiac failure due to hypertensive Cardio-Renal Vascular Disease

Date of onset

Other contributory causes of importance:

Broncho pneumonia

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify

(Signed) Robert H. Sive M. D.

(Address) Union Memorial Hospital.

F 30716 HEALTH DEPARTMENT—CITY OF BALTIMORE F 30716

CERTIFICATE OF DEATH

Registered No. 98

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elmer Cunningham

(a) Residence: No. Forest Hills Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie

6. DATE OF BIRTH (month, day, year) 3/16/61

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Walter Cunningham

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Maria Frantzen

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rock Spring Cem Date Jan. 6, 1937

19. UNDERTAKER H. S. Bailey
(Address) Darlington, Md

FILED JAN 3 - 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct- 19, 1936, to Jan 2, 1937

I last saw him alive on Jan 2, 1937. Death is said to have occurred on the date stated above, at 4 58 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Myocardial failure	
Other contributory causes of importance: Arteriosclerotic heart disease with hypertension	

Was an operation performed? yes Date of 10-21-36

For what disease or injury? Arteriosclerotic gangrene and amputation of left leg

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) James H. Semans M. D.
(Address) Johns Hopkins Hospital

M. D. No. 30717

F 30717

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

179

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St. ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ernest Crown

If U. S. Veteran specify WAR .....

(a) Residence: No. 2702 W. Baltimore St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Crown

6. DATE OF BIRTH (month, day, year) Jan 12 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Margaret Crown

(Address) 2702 W. Balto St

18. BURIAL, CREMATION, OR REMOVAL Place Catholic Cem Date 1/4/38

19. UNDERTAKER Joseph A. Fahey

(Address) Fallow & Fayette

FILED JAN 3 - 1937 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to h... death on the day stated above. 6.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Poisoned by Carbon Tetrachloride of Carbon (Cleaning Fluid)	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury ... 19...

Where did injury occur? At Home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At Home

Manner of injury Took Poison for Whisky

Nature of injury Chemical Poison

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Thos H Chilton M. D.

Coroner

(Address) 934 Edmondson Ave

F 30718 HEALTH DEPARTMENT—CITY OF BALTIMORE F 30718

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp 20-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 10 yrs. ... mos. ... ds.

2. FULL NAME Sr. Mary Christine (Eustace) If U.S. Veteran specify WAR ...

(a) Residence: No. Bon Secours Hosp St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, ~~Married, Widowed,~~ or ~~Divorced~~ (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Sept 6 1894

7. AGE: Years 42 | Months 3 | Days 25 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bon Secours Hosp 9065

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: Michael Eustace

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Catherine McInerney

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Sister Margt Ward

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Cathedral Cem 1/4 37

19. UNDERTAKER: Geo A Tuley

(Address) Fulton & Fayette

JAN 3 - 1937

(Filed) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/1, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/31/36, 1936 to 1/1, 1937

I last saw her alive on 1/1/37. Death is said to have occurred on the date stated above, at 5:40 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Gall bladder — Date of onset ...

Metastatic Carcinoma of Lungs — ...

Obstructive Jaundice — ...

Other contributory causes of importance:

Cachexia

Was an operation performed? Yes Date of 11/16/37

For what disease or injury? Cholecystitis

What test confirmed diagnosis? Micro Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas B. Marsh M. D.

(Address) Bon Secours Hosp

F 30719

30719 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St. Baltimore Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jessie Heagy

If U.S. Veteran specify WAR

(a) Residence: No. Garrison Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas

6. DATE OF BIRTH (month, day, year) Dec. 15, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64 65	0	18, 19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman. 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. six weeks.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Garrett Co. Md.

MOTHER FATHER

13. NAME John Heagy.

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

15. MAIDEN NAME Dont Know.

16. BIRTHPLACE (city or town) (State or country) Dont Know.

17. INFORMANT Lew D. Heagy
(Address) 1207 Inverness ave. Balto.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Pleasant Date Jan. 4 1937

19. UNDERTAKER Benjamin & Sons
(Address) Reisterstown Md.

20. FILED 1937 Registrar.

3-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1937 to Jan 3 1937

I last saw him alive on Jan 3 1937 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive C.V.D. —	
Cardiac decompensation	
Uremia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Paul A. Lunfeld M. D.

(Address) University Hospital

F 30720

F 30720 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Church Home & Inf.

CITY OF BALTIMORE: (No. ..... St. ..... Ward) — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME — Mrs. Margaret Gow

(a) Residence: No. Riverside Road St., Chesco Park Ward.

(Usual place of abode) (If non-resident give city or town and State)

If U.S. Veteran specify WAR .....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Paul Gow.

6. DATE OF BIRTH (month, day, year) — Oct. 18 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Baltimore

FATHER

13. NAME — Mr Johnson

14. BIRTHPLACE (city or town) (State or country) — Md

MOTHER

15. MAIDEN NAME — Johnson

16. BIRTHPLACE (city or town) (State or country) — Md

17. INFORMANT — Paul Gow

(Address) Riverside Road

18. BURIAL, CREMATION, OR REMOVAL

Place Morgan Park Cem. Date Jan 4 1937

19. UNDERTAKER — Geo M. Faith & Son

(Address) 811 N Howard St

20. FILED ... 19 ... Registrar.

1-3-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — Jan. 2 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31 . 1936 to Jan. 2 . 1937

I last saw h alive on Jan. 2 . 1936 Death is said to have occurred on the date stated above, at 7 30 a.m.

The principal cause of death and related causes of importance were as follows:

Calculitis of gall bladder, staph. aureus septicemia — Date of onset 12/24/36

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Lab & clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — . 19 ...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) G. L. Ackerman M. D.

(Address) Church Home & Infirmary

Spec.—2-29-28—L. F. S.—500 Bks.

Jampsett

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30721

F 30721

CERTIFICATE OF DEATH

11-a

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3057 Stricklard ST., 20-6 WARD)

2—FULL NAME Jennie A Jampsett

(a) RESIDENCE: NO. 3057 Stricklard St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 5 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Jampsett

6 DATE OF BIRTH (month, day, and year): Jan 19, 1877

7 AGE: Years 59 | Months 11 | Days 15 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Finland Balto. Co. Md.

PARENTS

10 NAME OF FATHER: Aquilla Buckner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Finland Balto. Co. Md.

12 MAIDEN NAME OF MOTHER: Emma Fisher

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Finland Balto. Co. Md.

11 Informant: Mrs. Elsie Talbott

(Address): 3057 Stricklard St.

Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 3-37

17 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1936, to Jan 3, 1937

that I last saw h e alive on Jan 3, 1937

and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

1a Grippe & Bronchitis

Hypostatic pneumonia

(duration) yrs. 2½ mos. ds.

CONTRIBUTORY (Secondary) cardiac decompensation

(duration) yrs. 2½ mos. 9 ds.

18 Where was disease contracted if not at place of death? same

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Exam

(Signed) F. T. Kipper, M. D.

, 19 (Address) 3321 Fleetwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Paul Balto Co Md — DATE OF BURIAL: Jan. 3 1937

20 UNDERTAKER: Wm. C. Burke & Son — ADDRESS: Sparks

M. D. B. 1268-9

F 30722

HEALTH DEPARTMENT—CITY OF BALTIMORE

0722

CERTIFICATE OF DEATH

54

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2210 Cecil Ave St., 9-6 Ward)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rose V. Gumbert

(a) Residence: No. 2210 Cecil Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank J. Gumbert

6. DATE OF BIRTH (month, day, year) Dec. 12, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 603

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Mc Curley

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Mc Laughlin

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mr. Frank J Gumbert
(Address) 2210 Cecil Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 1/4 1937

19. UNDERTAKER Mary M. Wiedefeld
(Address) 50 E. 22nd St.

20. FILED ... 19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1936 to Dec 31, 1936

I last saw h.e alive on Dec 31, 1936 Death is said to have occurred on the date stated above, at 7 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1935
Other contributory causes of importance:	
Diabetes Mellitus	1935

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Lamar McWolfe M. D.

(Address) 1331 E. Monument

Sheftel Rothenberg

F 30723 HEALTH DEPARTMENT—CITY OF BALTIMORE 30723

CERTIFICATE OF DEATH

54E

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rothenberg, Sheftel

(a) Residence: No. 184 E Mt Eden Ave Ward. Bronx N Y
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther

6. DATE OF BIRTH (month, day, year) 11/13/84

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 866

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Baruch Rothenberg

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Riba Sheftel

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place New York Date 1/3/37

19. UNDERTAKER Lasky Funeral Home
(Address) 1437 E. Baltimore St

JAN 3 - 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-3-1937

22. I HEREBY CERTIFY, That I attended deceased from 12-28-36 to 1-3-37

I last saw him alive on 1-3-37 Death is said to have occurred on the date stated above, at 2:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular Pneumonia	1-1-37
Post operative Shock	12-28-36

Other contributory causes of importance:

Removal of Hypophyseal Duct (Benign) Tumor	12-29-36

Was an operation performed? Yes Date of 12-29-36

For what disease or injury? Benign Tumor

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? \ Date of injury \, 19 \

Where did injury occur? \ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place \

Manner of injury \

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify \

(Signed) A. F. Jonas Jr. M. D.

(Address) The Johns Hopkins Hospital

FM. 30724

F 30724

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Md. Gen. Hospital. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 12-b Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine K. Poole If U. S. Veteran specify WAR .....

(a) Residence: No. 25 W. 27th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George A. Poole

6. DATE OF BIRTH (month, day, year) Aug. 18, 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Weaving

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Silk Mill

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Johnstown PA

FATHER

13. NAME Thornton Geschwind

14. BIRTHPLACE (city or town) (State or country) Johnstown Pa

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT George A. Poole
(Address) 25 W. 27th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Johnstown Pa. Date 1/6 1931

19. UNDERTAKER Francis H. Murrell
(Address) Catonsville, Md.

20. FILED JAN 3 - 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 3 1931

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ..... and that said deceased came (Inquest, Autopsy or Inquiry)
death on the day stated above. 9.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(I) Chronic Nephritis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... M. D.
(Attending Physician or Coroner)

(Address) 12-15 Hanover

OCCUPATION is very important. See instructions on reverse side.

F 30725 F 30725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 3207 Clifton Ave St. 15-L Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. 1 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME "Baby Boy" Dr Lanney

If U. S. Veteran specify WAR .....

(a) Residence: No. 3207 Clifton Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 3. 1937

7. AGE Years	Months	Days	If LESS than 1 day 3 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME L. Allen Dr Lanney

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Arline Virginia Portland

16. BIRTHPLACE (city or town) (State or country) Providence R.I.

17. INFORMANT L. Allen Dr Lanney

(Address) 3313 Grayson Fall Pkwy

18. BURIAL, CREMATION, OR REMOVAL

Place Mt O'Linet Date Jan 4. 1937

19. UNDERTAKER Geo H Sittes

(Address) 2700 Edmondson Ave

20. FILED 1-4 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3- 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 3- 1937 to Jan 3- 1937

I last saw h.. alive on Jan 3 1937. Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth.	
5½ months gestation	
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Physical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Paul Brown M. D.

(Address) 1663 W. North Ave.

F 30726

F 30726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 113 S. Wolf St. 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Theodore White

If U. S. Veteran specify WAR

(a) Residence: No. 113 S. Wolf St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estella

6. DATE OF BIRTH (month, day, year) July 4 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. formerly Undertaker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Daniel

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Caroline Bolden

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Bessie Jones

(Address) 1827 Mayfield Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Fort Holman Date 1-4 1937

19. UNDERTAKER George W. Gibson

(Address) 1733 Druid Hill Ave

20. FILED JAN 4 1937 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. M. Wright Coroner M. D.

(Address) 101 S. Eutaw St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

30727 30727

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 613 Collette St. 15-1 Ward)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Philip Gough

(a) Residence: No. 613 Collette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Unknown

6. DATE OF BIRTH (month, day, year) July 18 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Gough

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Annie Driscoll

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Rose Lecato

(Address) 502 Gold St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 1-4-37 1937

19. UNDERTAKER Thomas E. Nelson

(Address) 1303 Presstman st

JAN 4 - 1937

CERTIFIED Huntington Ave disease 7 Dec

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1936 to Jan 1, 1937

I last saw him alive on Jan 1, 1937. Death is said to have occurred on the date stated above, at 4:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	?
Other contributory causes of importance: Cerebral Hemorrhage	Dec 31/36

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. William Fray, M. D.

(Address) 1128 Penna Ave

30728 F 30728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-8-102

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., Loyola Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sylvester Allen

If U.S Veteran specify WAR ... No

(a) Residence: No. 937 W Fayette St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 11-12-02

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec. 1935

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Jas. Allen

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Henrietta Black

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Brother
(Address) 937 Fayette street

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Jan 6 1936

19. UNDERTAKER Samuel H Chase Son
(Address) 638 N Gilmor st

20. FILED JAN 4 - 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 1 . 1937

22. I HEREBY CERTIFY. That I attended deceased from 12-21 . 1936 to 1-1- . 1937

I last saw him alive on 1-1 1937 Death is said to have occurred on the date stated above, at 9-15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	12.6.36
Malignant Hypertension	12.1.35

Other contributory causes of importance: Psychosis & Mental Defic - Dec 1935
ency

Was an operation performed? No Date of ....

For what disease or injury? ....

What test confirmed diagnosis? Blood Chemistry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. L. Reynolds M. D.

(Address) Balto. City Hosp

30729 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 30729

CERTIFICATE OF DEATH 16877 349-92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 23-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1924 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Dickerson

If U. S. Veteran specify WAR .....

(a) Residence: No. 924 Peach Alley St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-28-1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00.42

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia
(State or country)

FATHER

13. NAME Anderson

14. BIRTHPLACE (city or town) Virginia
(State or country)

MOTHER

15. MAIDEN NAME Ethel Sargent

16. BIRTHPLACE (city or town) Virginia
(State or country)

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Albion Date 1/4 1937

19. UNDERTAKER Walter R. Sander & Co
(Address) 1300 Edmondson Ave

20. FILED Huntington Pittsburgh Pa
1-4-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-1 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-3 1936 to 1-1 1937

I last saw him alive on 1-1 1937 Death is said to have occurred on the date stated above, at 5:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency	1yr.
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospitals

M. D. P. 1268-9

F 30730

F 30730 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-B

Registered No. 13-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 W. 33rd St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. 6 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie May Wright

(a) Residence: No. 905 W. 33rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rubin Chester Wright

6. DATE OF BIRTH (month, day, year) June 25, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Dec. '36

11. Total time (years) spent in this occupation 16 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jesse Allen Taylor

14. BIRTHPLACE (city or town) (State or country) Baltimore County

MOTHER

15. MAIDEN NAME Anna May McCullah

16. BIRTHPLACE (city or town) (State or country) Balto. County

17. INFORMANT Rubin Wright
(Address) 905 W. 33rd St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Jan 5, 1937

19. UNDERTAKER Chenaugh & Son.
(Address) 315 Chestnut Ave Huntington Pittsburgh Pa.

20. FILED JAN 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1936 to Jan 3, 1937

I last saw her alive on Jan 5, 1937 A. Death is said to have occurred on the date stated above, at 1.03 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hepatic Cirrhosis	?
	own
Other contributory causes of importance:	
Ascites	Dec 23, '36
Myocardial Failure	Jan 1, '37
Dental Caries	?

Name of operation Paracentesis (abdominal) Date of Dec 30, '36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. Allen Deckert M. D.
(Address) 1123 St Paul St.

30731

HEALTH DEPARTMENT—CITY OF BALTIMORE

30731

CERTIFICATE OF DEATH

19424

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 13-8 Ward) 46-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Florence Brittingham

If U. S. Veteran specify WAR

(a) Residence: No. 3550 Buena Vista Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Brittingham

6. DATE OF BIRTH (month, day, year) 12-22-1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Lewis Wonder

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Amanda Hagan

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet. Date June 5, 37

19. UNDERTAKER Emanuel Lan
(Address) 3615 Chestnut Ave.

20. FILED JAN 4 - 1937 Harrington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-3-1937

22. I HEREBY CERTIFY, That I attended deceased from 12-11-1936 to 1-3-1937

I last saw h.er alive on 1-3-1937 Death is said to have occurred on the date stated above, at 8:26 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4 days
Carcinoma of Stomach	6 mo

Other contributory causes of importance:

Hypertensive Cardiovascular Disease	?

Was an operation performed? Yes Date of 12-19-36

For what disease or injury? Carcinoma of Stomach

Name of operation Posterior Gastroenterostomy

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) C. E. Brantegan M. D.

(Address) Baltimore City Hosp.

F 30732

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30732

CERTIFICATE OF DEATH

V 46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3119 Guilford Ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Caroline Ackler

If U.S. Veteran specify WAR .....

(a) Residence: No. 3119 Guilford Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): July 28. 1852

7. AGE: Years 84 | Months 5 | Days 4 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Jacob B. Ackler

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs Edna Blake

(Address) 3119 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Jan 4. 1937

19. UNDERTAKER: H. J. Krause & Son

(Address) North Ave

20. FILED JAN 4 - 1937 Huntington Williams, Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 2. 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 8. 1936 to Jan 2. 1937

I last saw h alive on Jan 1. 1937 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Cancer of Uterus — Date of onset

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No.

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John A Evans M. D.

(Address) 612 N 40 St

F 30733

30733 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St., 28-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Ruark (Mary Caroline Ruark) If U.S Veteran specify WAR .....

(a) Residence: No. 3000 W. Rogers Avenue St., West Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-16-36

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 0000

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Edward Gordon Ruark

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Julia Augustus Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Father
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Jan 4, 1937

19. UNDERTAKER Wm J. Tuckey & Son
(Address) North & Pa Ave.

20. FILED Huntington, W. Va. Registrar

JAN 4 - 1937

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 1-2, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-16, 1936 to 1-2, 1937

I last saw her alive on 1-2, 1937 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infancy	
Pulmonary pneumothorax	
Postural intoxication	
Other contributory causes of importance:	
Terminal pneumonia	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Schwabe, M. D.

(Address) University Hospital

E 39734

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

Registered No. .....

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... S. 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. 5 mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Christian Beck

(a) Residence: No. 3024 Annabel Ave — Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Emma G Beck

6. DATE OF BIRTH (month, day, year) Aug 1 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stripping Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Davison Chemical Co

10. Date deceased last worked at this occupation (month and year) Dec 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Lawrence Beck

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Mary Hannemann

16. BIRTHPLACE (city or town) (State or country) Md —

17. INFORMANT (Address) Records — Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Jan 4 1937

19. UNDERTAKER (Address) Thos J Pickerell & Sons 1420 Pa Ave

20. FILED JAN 4 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 21 1936 to Jan 2 1937

I last saw him alive on Jan 2 1937. Death is said to have occurred on the date stated above, at 12 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
P.O. Pneumonia and empyema.	
Other contributory causes of importance:	

Was an operation performed? yes Date of 12/31/36

For what disease or injury? Caremona of lung.

What test confirmed diagnosis? Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Lemann M. D.

(Address) Johns Hopkins Hospital

30735

HEALTH DEPARTMENT—CITY OF BALTIMORE

30735

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 227 E. University Pkway Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Augusta Doeller

If U.S Veteran specify WAR

(a) Residence: No. 227 E. University Pkway Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Doeller.

6. DATE OF BIRTH (month, day, year): Mar. 5, 1858

7. AGE — Years: 78 | Months: 9 | Days: 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Henry Riefner

14. BIRTHPLACE (city or town) (State or country): Alsace-Lorraine France

MOTHER

15. MAIDEN NAME: Katherine Lindenman

16. BIRTHPLACE (city or town) (State or country): At sea

17. INFORMANT: Mr. Chas. H. Doeller

(Address) 207 Chancery Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Cem. Date: Jan. 5 37

19. UNDERTAKER: Wm. J. Doctuel Sons

(Address) North & Paines.

20. FILED 19 Registrar

1-4-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 29, 1936 to January 2, 1937.

I last saw her alive on January 1, 1937. Death is said to have occurred on the date stated above, 12 06 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	Dec 29
following Bronchial Pneumonia	Dec 29

Other contributory causes of importance:

Diabetis

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Benj. D. Hayden, M. D.

(Address) 1216 N. Caroline St.

30736

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30736

CERTIFICATE OF DEATH

93-a

I. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Mount Hope Retreat 28-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 15 yrs. ..... mos. ..... ds.

2. FULL NAME Brother Lawrence Gaydos C.SS.R. If U.S. Veteran specify WAR .....

(a) Residence: No. Mount Hope Retreat (Usual place of abode) Ward. ..... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~~~~

6. DATE OF BIRTH (month, day, year) Aug. 19- 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Czechslavakia

FATHER

13. NAME Emerich Gaydos

14. BIRTHPLACE (city or town) (State or country) Austria Hungary

MOTHER

15. MAIDEN NAME Dorota Kotent

16. BIRTHPLACE (city or town) (State or country) Austria Hungary

17. INFORMANT St James Conv (Address) 125 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Jan. 5 19 37

19. UNDERTAKER Henry Stacy & Son Inc (Address) 301 E. Eager St

FILED JAN 4 - 1937 Huntington Huntington, W. Va. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 3 . 1937

22. I HEREBY CERTIFY, That I attended deceased from March, . 1934 to Jan. 3 . 1937

I last saw him alive on Jan. 3 . 1937 Death is said to have occurred on the date stated above, at 8:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dementia Precox	10 yrs.
Other contributory causes of importance: Acute Myocardial decompensation	1 dy

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Raymond J. Alon M. D.

(Address) 326 Irdmeth Av.

F 30737

30737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 7-S Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Otis Bookman (19016)

(a) Residence: No. 627 N. Chapel St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 8, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Car.

FATHER

13. NAME Octavious

14. BIRTHPLACE (city or town) (State or country) S. Car.

MOTHER

15. MAIDEN NAME Annie Hutsin

16. BIRTHPLACE (city or town) (State or country) S. Car.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Jan 4 1937

19. UNDERTAKER Robt E. Williams
(Address) 515 Mulberry St

20. FILED 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 27, 1936 to December 29, 1936

I last saw him alive on December 29, 1936 Death is said to have occurred on the date stated above, at 9:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Unknown

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Leon H. Feldman M. D.

(Address) Baltimore City Hospitals

M. D. B 1268-9

30738

F 30738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 5-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Arthur White

(a) Residence: No. 1304 May St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Longshoreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Richard White

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT James White
(Address) 1232 Orleans St.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date Dec 5, 1937

19. UNDERTAKER Robert E. Williams
(Address) 615 McCleary St

20. FILED Dec 4, 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Coronary thrombosis	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) Paul Schuster, M. D.
Coroner

(Address) 1912 E. North Ave.

F 30739

F 30739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 Millinan St., 5-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Maggie Johnson

(a) Residence: No. 1610 Millinan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Moses Johnson

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Jordon Terry

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Olivia Swann (daughter)
(Address) 1610 Millinan

18. BURIAL, CREMATION, OR REMOVAL
Place Parkley Va Date Dec 5 1937

19. UNDERTAKER Robert E. Williams
(Address) 1315 McElderry St

20. FILED Dec 5 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1936 to Jan 2 1937

I last saw her alive on Jan 1 1937 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

Chr Interstitial Nephritis and Uremia

Date of onset Dec 30 1936

Other contributory causes of importance:

Bronchial Pneumonia

Date of onset Dec 31 1936

Was an operation performed? no Date of

For what disease or injury? none

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) M. D.

(Address)

M. [illegible] 30740

F 30740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 7-3 Ward)

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? [illegible] yrs. [illegible] mos. [illegible] ds.

2. FULL NAME Lennora Reid Biddle

If U. S. Veteran specify WAR [illegible]

(a) Residence: No. 846 Edmondson Ave Ward. [illegible]

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Biddle

6. DATE OF BIRTH (month, day, year) July 5-1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Alfred Reed

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Jennie Bagley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Harry Biddle

(Address) 846 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 1/6 1937

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED [illegible] 19 [illegible] Registrar

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the above-named deceased, held an [illegible] thereon and from the evidence obtained by said [illegible] had that said deceased came to [illegible] death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Dec 25
Acute Fibrosis Pneumonia	1936

Other contributory causes of importance:

Was an operation performed? [illegible] Date of [illegible]

For what disease or injury? [illegible]

Name of operation [illegible] Date of [illegible]

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? [illegible] Date of Injury [illegible], 19[illegible]

Where did injury occur? [illegible]

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place [illegible]

Manner of Injury [illegible]

Nature of Injury [illegible]

24. Was disease or injury in any way related to occupation of deceased? [illegible]

If so, specify [illegible]

(Signed) George L. Allen M. D.

(Coroner)

(Address) 508 Augusta St

30741 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 30741

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3409 Piedmont Ave. St. 15-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William J. O'Brien

(a) Residence: No. 3409 Piedmont Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine E. O'Brien

6. DATE OF BIRTH (month, day, year) Mar 11 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transportation

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Con. Gas & Elec Co

10. Date deceased last worked at this occupation (month and year) Dec 24 1936

11. Total time (years) spent in this occupation 14 yrs

12. BIRTHPLACE (city or town) (State or country) Catonsville Md

FATHER

13. NAME Michael J. O'Brien

14. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

MOTHER

15. MAIDEN NAME Mary Ring

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Catherine E. O'Brien

(Address) 3409 Piedmont Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Jan 5 1937

19. UNDERTAKER Harry A. Arnaccost & Son

(Address) 4204 Ridgewood Ave.

FILED N 4 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Saturday Jan 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1936 to Jan 2 1937

I last saw him alive on Jan 2 1936 Death is said to have occurred on the date stated above, at 8.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Lobar Pneumonia	12-24-36
Other contributory causes of importance: Cardiac Insufficiency	3 hrs

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — , 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George L. Wiggins M.D. M. D.

(Address) 4000 Edmondson Ave

F 30742

F 30742 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 14-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Reynolds

If U.S. Veteran specify WAR ....

(a) Residence: No. 1726 McCulloh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Luke G. Reynolds

6. DATE OF BIRTH (month, day, year) Feb. 16, 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Northumberland Co., Va.

FATHER

13. NAME Louis Johnson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Carrie Carter

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Luke G. Reynolds

(Address) 1726 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Mem. Pk. Date Jan 4 37

19. UNDERTAKER Mrs. Geo. N. Kellard

(Address) 631 Linwood Ave

20. [illegible] 19 [illegible]

JAN 4 - 1937

Lexington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1 37, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 19 36 to Jan 1, 19 37

I last saw h[illegible] alive on Jan 1, 19 37 Death is said to have occurred on the date stated above, at 4:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardio-Renal disease	
	about
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Sight & Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Bernard Harris, M. D.

(Address) 1207 N Caroline St

F 30743

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30743

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 137 S Potomac St. 1-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie K. Keichmeister.

If U.S. Veteran specify WAR

(a) Residence: No. 137 S Potomac St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John L Keichenmeister

6. DATE OF BIRTH (month, day, year) Feby 18 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Knobel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elise Knobel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Elsie Keichenmeister

(Address) 137 S Potomac

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Jan 4 1937

19. UNDERTAKER John Albert

(Address) 218 E Lanvale

20. FILED . 19 Registrar.

JAN 4 - 1937 Livingston Pittsburgh, Pa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28 . 1936 to Jan 1 . 1937

I last saw h[illegible] alive on Dec. 31, 1936 Death is said to have occurred on the date stated above, at 12 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/28/36 Dec 31 36
arterial Hypertension	1935

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George S. Patterson, M. D.

(Address) 458 S. Paterson Park Ave.

F 30744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

19892

F 30744

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals (or) Ward) 9-1 10 P

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1886 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Annie Wooden

If U. S. Veteran specify WAR .....

(a) Residence: No. 1330 N. Caroline St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Wooden

6. DATE OF BIRTH (month, day, year) 12-10-1847

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	89		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Blissard

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mary Thomas

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan 4, 1937

19. UNDERTAKER John Allen & Co
(Address) 2008 Orleans

FILED JN 4 - 1937 Huntington Pollitt, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12 - 31, 1936 to 1 - 2, 1937

I last saw h[illegible] alive on 1 - 2, 1937. Death is said to have occurred on the date stated above, at 1[illegible] Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	1 wk
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hospitals

F 30745

F 30745 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30745

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 2814 Inglewood Ave 27-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Louis Bohs

If U.S Veteran specify WAR ...

(a) Residence: No. 2814 Inglewood Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Bohs

6. DATE OF BIRTH (month, day, year) Nov 20 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tin decorating Co

10. Date deceased last worked at this occupation (month and year) Oct 19 1936

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Bohs

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Dora Jenon

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Roland F Hartman

(Address) 2814 Inglewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Date Jan 5 1937

19. UNDERTAKER John Allnutt

(Address) 2008 Orleans

FILED JAN 4 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 19 1936 to Jany 2 1937

I last saw h... alive on Jany 1 1937 Death is said to have occurred on the date stated above, at 1 p m.

The principal cause of death and related causes of importance were as follows:

Endocarditis

Failure of Compensation

Date of onset 3 mos 2 days

Other contributory causes of importance: —

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J. V. Thomas M. D.

(Address) 3136 Sanford Rd.

F 30746 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30746

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 8-S Ward) Registered No. 92-C

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Catherine N. Pamuska

(a) Residence: No. 2019 Washington St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Nov 16-1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
39	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machine Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Tobacco Co.

10. Date deceased last worked at this occupation (month and year): Nov 30 - 36

11. Total time (years) spent in this occupation: 3 yrs

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: Frank Pamuska

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Mary Sluka

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Miss Mary Pamuska
(Address) 2019 N Washington St

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: Jan 6, 1937

19. UNDERTAKER: John Ulrich
(Address) 2008 Orleans St

20. FILED ... 19 ... (Registrar)

JAN 6 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-4-37, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1937, to Dec 4, 1937

I last saw her alive on Dec 4, 1937. Death is said to have occurred on the date stated above, at 1 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	3 wks
Other contributory causes of importance: Chronic Myocarditis	?

Was an operation performed? no Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19

Where did injury occur? ? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Austraw M. D.

(Address) St. Joseph's Hospital

32747 921

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30747

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8-6 Ward)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Baldwin

(a) Residence: No. 1725 N Chapel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 2/27/82

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54 55	10	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Sam Baldwin

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Jan 5th, 1937

19. UNDERTAKER Leo D. Cook
(Address) 703 N. Patterson Park Ave

20. FILED ..... 19 ..... Registrar

JN 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1936 to Jan 2, 1937

I last saw him alive on Jan 2, 1937 Death is said to have occurred on the date stated above, at 9 45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec. 27.
Multiple Pulmonary abscess	Dec ?
Hemorrhage from Bronchiectatic cavities	?

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) James A. Hayden, M. D.

(Address) Johns Hopkins Hospital

M. D. R. 1268-9

Elizabeth Brown

0748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30748

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 N Lehigh St. No 4 9+B Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Brown Elizabeth

(a) Residence: No. 911 N Lehigh St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 31st 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Brown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Catherine Geglein

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Mc Cubbin
(Address) 111 N Leigh St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Jan 4th 1937

19. UNDERTAKER Lee J. Crook
(Address) 1703 N Patterson Park Ave

JAN 4 1937 Huntington Maryland
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1936 to Jan 1 1937

I last saw her alive on Dec 28 1936 Death is said to have occurred on the date stated above, at 5.05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1/1/37
Myocardial Insufficiency	12/1/36
arterial Hypertension + Sclerosis	5 yrs
Other contributory causes of importance:	
Chronic Bronchitis + Emphysema	5 yrs

Name of operation — Date of —

What test confirmed diagnosis Phy Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis F. Krumeen M. D.
(Address) 722 No. Kenwood Ave

E 30749 HEALTH DEPARTMENT—CITY OF BALTIMORE 30749

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 202 E. Barney St. 24-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Nettie England

(a) Residence: No. 202 E. Barney St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John P. England

6. DATE OF BIRTH (month, day, year) Oct. 25-1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

FATHER

13. NAME Frank Helm

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. John P. England

(Address) 202 E Barney St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date Jan 5 1937

19. UNDERTAKER Geo. L. Beyer Jr

(Address) 1512 Hillen St

19 Filed Fineran, ND

JAN 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2. 1937

I HEREBY CERTIFY, That I attended deceased from Jan 2, 1937 to Jan 2, 1937

last saw her alive on 12: 30 P.M. 1937. Death is said to have occurred on the date stated above, at 12:55 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 1-2-37

Other contributory causes of importance:

Arteriosclerosis
Myocarditis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Woodey Kolb, M. D.

(Address) 102 E. Fort Ave.

F 30750

30750 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

82-a

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 8-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry W. Kisperts — If U.S. Veteran specify WAR —

(a) Residence: No. 2638 E. Oliver St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Kisperts

6. DATE OF BIRTH (month, day, year) Jan 22, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kennedy Corp

10. Date deceased last worked at this occupation (month and year) Mar 1936

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles Kisperts

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amon Kaline

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mary Kisperts
(Address) 2638 E. Oliver St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan 5 1937

19. UNDERTAKER J. M. Nus. John W. Stapleton
(Address) 801 W. Fayette St

20. FILED JAN 4 - 1937 Huntington Nuisance, Asst

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1936 to Jan. 1, 1937
I last saw him alive on Jan 1, 1937 Death is said to have occurred on the date stated above, at 2.05 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Cerebral Hemorrhage	1935

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Richard H. Pembroke M. D.

(Address) Mercy Hospital

30751

F 30751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2219 E. North Ave. St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ellen Hertel. If U. S. Veteran specify WAR

(a) Residence: No. 2219 E. North Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew E. Hertle.

6. DATE OF BIRTH (month, day, year) Aug 30th. 1857.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. a/w

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

FATHER

13. NAME James North.

14. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

MOTHER

15. MAIDEN NAME Jennie LeCompte.

16. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md,.

17. INFORMANT Mrs. Ellen H. Koska.
(Address) 7 Lingamore Ave. Parkville

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date I-4-37. 19

19. UNDERTAKER Wendell C. Humphreys
(Address) 1501 N Broadway.

20. FILED JAN 4 - 1937 Registrar of Vital Statistics, MD

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) I-I-37. 19

22. I HEREBY CERTIFY, That I attended deceased from December 27 1936. to January 1 1937

I last saw her alive on January 1 1937. Death is said to have occurred on the date stated above, at 1045 P.M.

The principal cause of death and related causes of importance were as follows:

Influenza

Date of onset 12/27/36

Other contributory causes of importance:

Lobar Pneumonia and Cardiac Dilatation

Date of onset 1/1/37

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Albert Eisenberg M. D.

(Address) 1053 North Ave.

F 30752

30752 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

8-2-93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1863 N. Gay St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm. R. Robertson

If U.S. Veteran specify WAR ...

(a) Residence: No. 1863 N. Gay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Grace Robertson

6. DATE OF BIRTH (month, day, year) June 23-1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Wm. Robertson

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Florence E. Jamison

(Address) 1863 N. Gay St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem't. Date Jan 4 1937

19. UNDERTAKER George W. Zirkler

(Address) 1731 E. Eager St.

20. FILED ... 19 ... Registrar.

JAN 4 - 1937 Huntington Pittsville, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16 1936 to Jan 2 1937

I last saw h[illegible] alive on Dec. 31 1936. Death is said to have occurred on the date stated above, at 9 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Arteriosclerosis	
Other contributory causes of importance:	
Pulmonary Insufficiency	3½ mo

Was an operation performed? no Date of ...

For what disease or injury? ...

What test confirmed diagnosis Clinical Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles E. Clark, M. D.

(Address) 3214 Pasadena Ave

39753 4/2

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30753

CERTIFICATE OF DEATH

72-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. 2-3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Dall

(a) Residence: No. Poplar ave & Patapsco St., Chesaco Park Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-21-80

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Sarah Tracey

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem Date Jan. 7 1937

19. UNDERTAKER George W. Zinkler

(Address) 1737 E. Eager St.

20. FILED JAN 4 - 1937 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1936 to Jan 3 1937

I last saw him alive on Jan 3 1937. Death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

Myelothysic anaemia, due to aleukemic Leukemia — Date of onset Sept, 1936

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carmichael Leigh M. D.

(Address) Johns Hopkins Hospital

F 30754

30754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 19204

Registered No. 13V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 19-W Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....da. How long in U. S. If of foreign birth? ....yrs....mos....da.

2. FULL NAME Andrew Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 1712 W. Lexington St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-17-1868

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Katherine Washington

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johns Hopkins Med. School Date 1/4/37 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED ....-1937 Registrar

2864

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-26-1936

22. I HEREBY CERTIFY, That I attended deceased from 12-3, 1936 to 12-26, 1936

I last saw h. l. alive on 12-26, 1936 Death is said to have occurred on the date stated above, at 10:38 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hypertensive Cardio-vascular Renal Disease	Symptoms 2 mos
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No (If so, specify)

(Signed) John F. Kanney M. D.

(Address) Baltimore City Hospital

30755 F 30755

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 19714

18-1 V 45-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Hirst

(a) Residence: No. 858 W. Fayette St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-27-1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Louise Davis

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johns Hopkins Med School Date 1/4/37 19

COMMISSIONER OF HEALTH

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED Huntington Pittsburgh Pa
A-1931 2865 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-24, 1936 to 12-27, 1936

I last saw h. l. alive on 12-27, 1936 Death is said to have occurred on the date stated above, at 3:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolus	12-26-36
Other contributory causes of importance: Arteriosclerotic Heart Disease, Ind	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) John T. Ramey M. D.

(Address) Baltimore City Hospital

F 30756 HEALTH DEPARTMENT—CITY OF BALTIMORE F 30756

CERTIFICATE OF DEATH

46-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 6/3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 37 yrs. ..... mos. ..... ds.

2. FULL NAME Mr Hyman Gordon

If U.S Veteran specify WAR .....

(a) Residence: No. 2310 E. Baltimore St., A/3 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Dora Gordon

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: 72 | Months: | Days: | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Israel Gordon

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT (Address): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

Place: Harmony Cem Date: 1-4-37

19. UNDERTAKER (Address): Louis Lee 1439 E. Baltimore

20. FILED: Huntington Philadelphia, Pa

1-4-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-3-37, 19

22. I HEREBY CERTIFY, That I attended deceased from December 26, 1936 to January-3-, 1937.

I last saw him alive on January-3, 1937. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of esophagus — Date of onset ?

Bronchopneumonia — ?

Arteriosclerotic cardio vascular disease — Senility

Other contributory causes of importance:

Was an operation performed? Yes Date of DEC. 28, 1936

For what disease or injury? Gastrostomy for carcinoma of esophagus

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis Kolodner M. D.

(Address)

30757 **STATE OF MARYLAND—CERTIFICATE OF DEATH** F 30757

97-W-6

1. PLACE OF DEATH Registration Dist. No. 4-5

County ..... Ward

Village or City Baltimore, Md. No. 2425 Edmondson Ave. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles M. Moore If U. S. Veteran, specify WAR .....

(a) Residence: No. 2425 Edmondson Ave St., Ward. If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia A Moore

6. DATE OF BIRTH (month, day, and year) Jan 5, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 068

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Retired teacher

10. Date deceased last worked at this occupation (month and year) 1900

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Frederick County Maryland

FATHER

13. NAME William Moore

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Simpson

16. BIRTHPLACE (city or town) (State or country) Simpsonville

17. INFORMANT C. R. Moore (Address) 2425 Edmondson

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cemetery Date Jan 5, 1937

19. UNDERTAKER F. W. Seitz (Address) 114 N. 36th St Balto

20. FILED Jan 6 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 2 (Day) 1937 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1936, to Jan 2, 1937, death is said I last saw h alive on Jan 1, 1937, to have occurred on the date stated above, at 7 58 a m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows

	Date of onset
Chronic Valvular Heart Disease	
Other Contributory Causes of importance: Arteriosclerosis Coronary thrombosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Jno. E. Martin M. D.

(Address) Randallstown, Md

If more blanks are needed, apply to State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

1279 William St.

✓ F 30758

HEALTH DEPARTMENT—CITY OF BALTIMORE

30758

CERTIFICATE OF DEATH

15

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 1223 Hanbert St. 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Ellenberger

(a) Residence: No. 1223 Hanbert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Ellenberger

6. DATE OF BIRTH (month, day, year) June 3, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Trackman B&O R.R.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.mo) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Ellenberger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Stender

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mary Ellenberger 1223 Hanbert St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Date 1/5 37

19. UNDERTAKER (Address) Richard F. Curley F.D. Inc. 1611 Gorsuch Ave.

20. FILED JAN 4 1937 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1936 to Jan 2, 1937

I last saw him alive on Jan 2, 1937 Death is said to have occurred on the date stated above, at 5.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic Bronchopneumonia	2 days
Other contributory causes of importance: Erysipelas	9 days

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. B. Wheatley M.D. M. D.

(Address) 1279 William St

30759 F 30759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49-11

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Church Home & Infirmary Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 3 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Sophia Messing

If U.S. Veteran specify WAR

(a) Residence: No. 2516 Edmondson Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 6, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deaconess of Church

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Methodist Church

10. Date deceased last worked at this occupation (month and year) Nov 10, 1936

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Theodore Messing

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Koppel

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. R. H. Kessmann (Address) 2516 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL. St Pauls (Violetsville) Date Jan. 7 19 37

19. UNDERTAKER Mrs Chas A. G. Rohde (Address) 2327 Edmondson Ave

20. [illegible]

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1936, to Jan. 4, 1937

I last saw her alive on Jan 4, 1937. Death is said to have occurred on the date stated above, at 5:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of ovary with metastasis and ascites	6-36

Other contributory causes of importance:

Was an operation performed? Yes Date of Nov 13, 1936

For what disease or injury? Exploratory laparotomy

Carcinoma

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wesley J. Ketz M. D.

(Address) The Church Home & Inf.

30760 F 30760

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24

Registered No. 27-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 0 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joan Stumbrookis

(a) Residence: No. St. Vincent's Infant Home 6700 Reisterstown Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 23 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	0	10 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Clement J Stumbrookis

14. BIRTHPLACE (city or town) (State or country) Haledon N J.

MOTHER

15. MAIDEN NAME Carrie Sinnex

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Clement J Stumbrookis (Father)

(Address)

18. BURIAL, CREMATION, REMOVAL

Place Catholic Date Jan 4 1937

19. UNDERTAKER William G. Schaffer

(Address) 1816 E. Monument St

4-1937 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1936 to Jan 3, 1936

I last saw h[illegible] alive on Jan 3, 1936 Death is said to have occurred on the date stated above, at 1.45 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	12-29-36
Other contributory causes of importance: Streptococcus Laryngitis	12-31-36

Was an operation performed? No Date of

For what disease or injury?

Name of operation Lumbar puncture Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D'Schweinhar, M. D.

(Address) Sydenham Hospital

F 30761

30761 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1218 N. Luzerne St. 38-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. 8 mos. ds. How long in U. S. If of foreign birth 81 yrs. mos. ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Margaret Eckl

(a) Residence: No. 1218 N. Luzerne Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John G. Eckl

6. DATE OF BIRTH (month, day, year) April 15th 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Caspar Eckl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Luber

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. John G. Eckl

(Address) 1218 N. Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL Cemet.

Place Holy Redeemer Date Jan. 5 1937

19. UNDERTAKER Henry Hoen Sons, Inc

(Address) 150 E. Eager St

FILED 1-4-1937 Clayton Fillmore, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2nd 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1936 to Jan 2 37 1937

I last saw h.er alive on Jan 2 1937 Death is said to have occurred on the date stated above, at 4.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	12/21/36
Other contributory causes of importance:	
Myocarditis (Chronic)	2 -

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eugene L. Leasure M. D.

(Address) 514 Drury Lane

M. D. B 1265-9

F 30762

30762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH (ON Street)

CITY OF BALTIMORE: (No. 3600 Block Sequoia Ave. St., 15-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 4 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Herbert L. Thomas

If U. S. Veteran specify WAR .....

(a) Residence: No. 2307 ElisnoreAve. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 12, ~~1884~~ 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Recorder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Benjamin F. Thomas

14. BIRTHPLACE (city or town) (State or country) St. Michael, Md.

MOTHER

15. MAIDEN NAME Emma J. Stevens

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Miss Nellie Thomas

(Address) 2307 Elisnore Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date Jan. 6, 1937

19. UNDERTAKER Geo. J. Smith

(Address) 1900 Eutaw Place City

20. Filed 4-1937 Huntington Williams, MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above; held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

death on the day stated above. 7 15 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. Ham Carnes M. D.
Coroner

(Address) 1215 Hanover St., City

F 30763

30763 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

1937 95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 25-5 Ward)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Roman Kulczycki

(a) Residence: No. 1616 Cherry Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Helen Kulczycki

6. DATE OF BIRTH (month, day, year): 7-4-1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: John Kulczycki

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Helen ?

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Jan 6 '37

19. UNDERTAKER: Frank Grock & Son
(Address) 1906 Eastlandave

20. FILED 1-4-1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-3-1937

22. I HEREBY CERTIFY, That I attended deceased from 12-28-1936 to 1-3-1937

I last saw him alive on 1-3-1937 Death is said to have occurred on the date stated above, at 10:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	18 mos
Mit. Congestive Heart Failure	
Cerebral Embolism ?	1-3-37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Ranner M. D.

Address) Baltimore City Hospitals

VS 3

M. D. B 1268-9

30764 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 30764

CERTIFICATE OF DEATH

70-2 164-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 Gorman Ave. St. ... Ward)

Registered No. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Margaret L. Geis

(a) Residence: No. 30 Gorman Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Milford A. Geis

6. DATE OF BIRTH (month, day, year) March 24, 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Durkin

14. BIRTHPLACE (city or town) ...
(State or country)

MOTHER

15. MAIDEN NAME ...

16. BIRTHPLACE (city or town) ...
(State or country)

17. INFORMANT Mr. Milford A. Geis
(Address) 30 Gorman Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Jan. 5 . 19 32

19. UNDERTAKER Joseph D. Cook
(Address) 1005 E. Baltimore St.

20. FILED ... 19 ... Registrar

JAN 4 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2 . 1932

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating Gas Poison	Jan. 2nd 32

Other contributory causes of importance:
Was despondent.

Was an operation performed? No. Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ... 19...

Where did injury occur? In her home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In her home

Manner of injury Gas flowed from kitchen

Nature of injury Gas poisin

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Thos. H. Phillips Coroner . M. D.

(Address) 1939 Edmondson Ave.

F 30765

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30765

CERTIFICATE OF DEATH

12559

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 27-19 Ward)

Registered No. 7-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Fairbank (Mary E. Fairbank)

If U. S. Veteran specify WAR

(a) Residence: No. 5633 Reisterstown Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry Fairbank

6. DATE OF BIRTH (month, day, year) 8-24-1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
79	78	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME James L. Beatty

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Ellen Holy Hoey

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Jan. 6 1937

19. UNDERTAKER Robt. Poole
(Address) 1005 N. Baltimore St.

FILED JAN 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-3 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-20 1936 to 1-3 1937

I last saw h[illegible] alive on 1-3 1937 Death is said to have occurred on the date stated above, at 11 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	?
	1
Other contributory causes of importance:	
Bronchopneumonia	3 dys

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so,

(Signed) M. Hoover M. D.

(Address) Balt. City Hosp.

30766 HEALTH DEPARTMENT—CITY OF BALTIMORE F 30766

CERTIFICATE OF DEATH. X 161-a

1. PLACE OF DEATH Maryland Gen Hosp (If death occurred in a hospital or institution, give its NAME instead of street and number.) Registered No.

CITY OF BALTIMORE: (No.) St. 1-3 (Ward)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Baby Rhode

(a) Residence: No. Md Gen Hosp. St., Ward. Pasterton Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 2 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City

FATHER

13. NAME Edgar D. Rohde

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Bertha E. Neuhauser

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edgar D. Rohde

(Address) Reisterstown Md

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jan. 6 1937

19. UNDERTAKER J. Ellis Bond

(Address) Reisterstown Md

20. FILED JAN 7 - 1937 Registrar, N.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/4/37

22. I HEREBY CERTIFY, That I attended deceased from 1/2/37, 1937, to 1/4, 1937

I last saw h alive on 1/4/37, 1937 Death is said to have occurred on the date stated above, at 4.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Congenital atelectasis of Rt. Lung	1/2/37
II Circulatory failure -	1/4/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Virgil Steffen, M. D.

(Address) Westminster Md

30767 # 19925 ✓ F 30767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., E-5 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clarence Kearney

If U. S. Veteran specify WAR No.

(a) Residence: No. 1802 N. Durham St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle L. (Johnson)

6. DATE OF BIRTH (month, day, year) 1-26-1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34	5 11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Odd)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James F. Kearney

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Marcella ~~Kane~~ Cain

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 1/6/37 19

19. UNDERTAKER George J. Beck Inc

(Address) 1325 Monument ave

20. FILED 1-4-1937 19 [illegible] Registrar.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 2 , 1937

22. I HEREBY CERTIFY, That I attended deceased from 1 - 1 , 1937 to 1 - 2 , 1937

I last saw h.. alive on 1 - 2 , 1937 Death is said to have occurred on the date stated above, at 10½0 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio - vascular Renal Disease	1 yr
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Ramey M. D.

(Address) Baltimore City Hospital

F 30768

30768 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 19906 46-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME ~~Xxxxx~~ Ella Reilly

(a) Residence: No. 1912 Hope St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W W.	Wid.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Reilly

6. DATE OF BIRTH (month, day, year) 5-12-1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	7	20 21	~~Xxx~~

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James Duff

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margt. Murphy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 1/4/36 19

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735 Harford Ave.

20. FILED 19 Registrar.

A-100 Interment Pinelawn, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-2 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-31 1936 to 1-2 1937

I last saw ~~s~~ he alive on 1-2 1937 Death is said to have occurred on the date stated above, at 5:30 ~~P~~ A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	2
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. H. Hower M. D.

(Address) Balt. City Hosp

30769 F 30769

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 N. Carolina St. 8-5 Ward) Registered No. 50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia F. Barnitz

If U.S. Vet. specify WAR No Record

(a) Residence: No. 1805 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John W. Barnitz

6. DATE OF BIRTH (month, day, year) Dec 15th 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
91	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Alexander Hall

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Sarah Hunter

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFERMANT (Address) John W. Barnitz 1805 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Jan 9th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 1-9-1937 Huntington Pittman (Clerk)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2nd 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1936 to January 2 1937

I last saw h[illegible] alive on January 2 1937. Death is said to have occurred on the date stated above, at 2:45 P. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of left breast — Date of onset Several years ago

Other contributory causes of importance: Myocarditis — Date of onset about 1 year.

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify

(Signed) Chas Locher, M. D.

(Address) 31 E. North Ave.

F 30770

30770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2549 W. North Ave St. (Ward) 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank A. Mayer If U.S. Veteran specify WAR No Record

(a) Residence: No. 2549 W. North Ave Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word): Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of ~~or WIFE~~ of Jeanette Mayer

6. DATE OF BIRTH (month, day, year) Mar 4th 1858

7. AGE: Years 78 | Months 8 9 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Simon Mayer

14. BIRTHPLACE (city or town) (State or country) Bavaria

MOTHER

15. MAIDEN NAME Julia Schwintz

16. BIRTHPLACE (city or town) (State or country) U.S.

17. INFORMANT Julia Schazzer

(Address) 3303 Breckan

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan 5th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 4-1937 Huntington Finlayson, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 2. 1937

22. I HEREBY CERTIFY, That I attended deceased from October 5 1936 to January 2 1937.

I last saw him alive on January 2. 1936. Death is said to have occurred on the date stated above, at 8:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Chronic nephritis	
Other contributory causes of importance:	
Uremia	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) N. E. Wesoh M. D.

(Address) 731 E. Fayette St. North Front

✓ F 30771

30771 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1227 Riverside Ave St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine E. Barnes

If U.S. Veteran specify WAR No Record

(a) Residence: No. 1227 Riverside Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, ~~Divorced~~ (write the word): Widowed

5a. ~~Married~~, widowed, ~~divorced~~ (or) WIFE of ~~HUSBAND~~ Frank Barnes

6. DATE OF BIRTH (month, day, year) June 4th 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Michael Regan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Kakasova

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Harry Barnes 1227 Riverside Ave

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross a&Co. Date Jan 5th 1937

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

FILED 1-4-1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2nd 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1936 to Jan 2 1937

I last saw h~~er~~ alive on Jan 2 1937 Death is said to have occurred on the date stated above, at 4th P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Old age	
Other contributory causes of importance: acute bronchitis	12/28/36

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Hy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Neal Stiller M. D.

(Address) 1319 Light St

F 30772

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30772

19818

CERTIFICATE OF DEATH

48

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts ; St. 13-3 Ward)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? 1891 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Schmidt, Sophia

(a) Residence: No. 2333 Druid Hill Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Sep.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gustav

6. DATE OF BIRTH (month, day, year) 8-16-1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72 73	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) France

FATHER

13. NAME Christian

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christinia Waehrie

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Park Date JAN 5 1937

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave

20. FILED 1-4-1937 Huntington Philipsen, Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 2 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-28 . 1936 to 1-2 . 1937

I last saw h.C.L. alive on 1-2 . 1937 Death is said to have occurred on the date stated above, at 11:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus with metastasis	?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Hist. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. L. Brantigan M. D.

(Address) Baltimore City Hospl.

F 30773

F 30773 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 333 Dolphin St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 8 mon. 16 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Auguste Emma Arnold

(a) Residence: No. 333 Dolphin St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 16 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Richard H. Arnold

14. BIRTHPLACE (city or town) (State or country) Saxony Germany

15. MAIDEN NAME Maria Borthelt

16. BIRTHPLACE (city or town) (State or country) Hanover Germany

17. INFORMANT Henry W. Arnold

(Address) 333 Dolphin St

18. BURIAL, CREMATION, OR REMOVAL Gordon Park Cemetery Date Jan 7 1937

19. UNDERTAKER Chas. J. Bleik

(Address) 742 W. North ave

Jan 4 1937 Huntington Pallbearers, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1936 to Jan 2, 1937

I last saw h.. alive on Jan 2, 1937. Death is said to have occurred on the date stated above, at 7.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept 10 1936

Other contributory causes of importance:

Aortic insufficiency	Yrs Low

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. L. Pettigrew, M. D.

(Address) 817 Hampton Ter

F 30774

30774 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

11-a

Registered No. 37-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 10 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Alberta Bell If U.S. Veteran specify WAR

(a) Residence: No. 4806 Harford Road St., Ward. Baltimore, Md. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Otis Bell.

6. DATE OF BIRTH (month, day, year) Feb 28, 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Albert E. Zeller

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Anna Miller

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) Church Home and Infirmary Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL. Place Oakland Cemetery Date Jan 6 1937

19. UNDERTAKER (Address) Chas. G. Black 742 N. North Ave.

20. 1937 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Jan. 3 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1936 to Jan. 3, 1937.

I last saw her alive on Jan. 3 1937. Death is said to have occurred on the date stated above, at 5:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza.	12/25/36
Lobar pneumonia.	12/27/36

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

What test confirmed diagnosis? C.L. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) John A. Myers M. D.

(Address) Church Home & Inf.

30775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 30775

Registered No.

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. St. 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR Spanish-Amer.

2. FULL NAME John Koenig

(a) Residence: No. 4606 Simms Ave., Balto. Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Koenig

6. DATE OF BIRTH (month, day, year) August 16, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64	64	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11 yrs. ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Andrew Koenig

14. BIRTHPLACE (city or town) (State or country) Bremen Germany

MOTHER

15. MAIDEN NAME Elizabeth Panzer

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Jan 5-37 19

19. UNDERTAKER Jos. J. Stewart Son 3906 Kenwell Ave

(Address)

JAN 4 - 1937 19 Hunting & Wise, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 26, 1936, to January 2, 1937.

I last saw him alive on January 2, 1937. Death is said to have occurred on the date stated above, at 10:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, chronic, arteriosclerotic	Unknown
Arteriosclerosis, general with hypertension	"

Other contributory causes of importance:

Pneumonia, lobular	Terminal

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. B. W. Anderson, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

F 30776

30776

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital St. 10-7 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Sister Mary Pauline Flaherty

(a) Residence: No. Notre Dame Convent St.; Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 4, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	5 6	2 7 0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Religious Order

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Stephen Flaherty

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Eliza Hopkins

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Sisters of Notre Dame

(Address)

18. BURIAL, CREMATION OR REMOVAL

Place Notre Dame Date Jan 11 1937

19. UNDERTAKER Geo. M. Enoch Sons

(Address) 811 Arlington Ave

20. FILED ..... 19 ..... Registrar.

1-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1936 to Jan 4 1937

I last saw her alive on Jan 4 1937. Death is said to have occurred on the date stated above, at 9 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 day
Chronic Myocarditis	?
Other contributory causes of importance: Chronic Cholecystitis & Cholelithiasis	8 wks

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Signed Francis R Stephenson M. D.

(Address) St. Joseph's Hospital

F 30777

F 32877 892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 6-4 ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Gerlach

(a) Residence: No. 123 N Durham St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (Wife)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm Gerlach

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Helen Barron

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Johns Hopkins Med. Soc. Date Jan. 4, 1937

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED 1-4-1937 19 ..... Registrar

28:0

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1936 to Dec 26, 1936

I last saw him alive on Dec 26, 1936. Death is said to have occurred on the date stated above, at 6.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity.	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Lydia E Edwards M. D.

(Address) Johns Hopkins Hospital

30778 ✓F 30778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 4-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Hughes

(a) Residence: No. 905 McKewen ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-22-36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1/3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ad lib

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME J. R. Hughes

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Gladys Rodgers

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Johns Hopkins Med Sch Jan 4 1936

19. UNDERTAKER Commissioner of Health
(Address)

20. FILED 1-4-1937 Per H. A. Moore Assistant Registrar

2871 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec-22, 1936 to Dec 23, 1936

I last saw her alive on ....., 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
? Hemorrhage during & newborn	12-23
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Edward D ..... M. D.
(Address) Johns Hopkins Hospital

✓ F 30779

30779 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 9-S Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Hughes -

(a) Residence: No. 906 - Mt Vernon St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-22-36

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
				10 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md -

FATHER

13. NAME Thos J. R. Hughes

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Gladys Rogers

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Johns Hopkins Med. Sch. Date Jan. 4, 1937

19. UNDERTAKER Commissioner of Health
(Address)

20. Filed 4 1937 Per H. A. Moore

2872

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1936, to Dec. 23, 1936

I last saw him alive on Dec. 23, 1936 Death is said to have occurred on the date stated above, at 1 4-2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Hilda B Edwards, M. D.
(Address) John Hopkins

M. D. B 1268-9

✓ F 30780

30780

HEALTH DEPARTMENT—CITY OF BALTIMORE

Morgue CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1233 Ward St. 21-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. 0 mos. 21 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mariettar Childs

If U. S. Veteran specify WAR .....

(a) Residence: No. 1233 Ward St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 4-1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William Matack

14. BIRTHPLACE (city or town) (State or country) Baltimore md

MOTHER

15. MAIDEN NAME Eva Childs

16. BIRTHPLACE (city or town) (State or country) Baltimore md

17. INFORMANT Eva ~~Clot~~ Childs

(Address) 1233 ward st

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. L. Moore

20. FILED 4 Jan 1937 Herbert Williams M.D.

2873 H

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Dec 25, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest found that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular Bronchio-Pneumonia	Dec. 1-36

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos F Phillips, M. D.

Coroner

(Address) 1939 Edmondson Ave

F 30781

M. D. B 1265-9

30781

HEALTH DEPARTMENT—CITY OF BALTIMORE

morgue CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 Albemarle St. 3-W Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Georgia Cornelius

(a) Residence: No. 112 Albemarle St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of x

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Unknown
(State or country) "

FATHER

13. NAME "

14. BIRTHPLACE (city or town) "
(State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Potter's Field Date June 4, 1937

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

6 JUN 1937 Registrar 2875

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary embolism	

Other contributory causes of importance:
Chronic myocarditis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W. W. Wright M. D.
Coroner

(Address) 1010 S. Edmondson Ave

M. D. B 1268-9

✓ F 30782

30782

HEALTH DEPARTMENT—CITY OF BALTIMORE

morgue

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hos. St. 3-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Minnie Polee

(a) Residence: No. formerly 1111 E. Pratt St. Women's Infirmary, Balto City Hos. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: X

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME:

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT Balto City Hospitals records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Hope Cem. Date Jan 4, 1937

19. UNDERTAKER Commissioner of Health

(Address) Per H. L. Moore

20. FILED JAN 4 - 1937 Huntington Pollard Registrar

28.6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	

Other contributory causes of importance: Fracture of femur

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following.

Accident, suicide, or homicide? accident Date of injury Dec 4, 1936

Where did injury occur? Balto Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Women's Infirmary - Balto City Hospitals

Manner of injury fell to floor, striking head

Nature of injury Unknown whether mentally incompetent

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. W. Wright M. D.

Coroner

(Address) 101 S. Eldwood Ave

F 30783

30783

HEALTH DEPARTMENT—CITY OF BALTIMORE 19544

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH morgue

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 5-3 Ward) 26

Length of residence in city or town where death occurred .....yrs.....mos.....ds. How long in U. S. If of foreign birth? .....yrs.....mos.....ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Lillierd or Llird, Thomas

(a) Residence: No. 245 Forrest St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie

6. DATE OF BIRTH (month, day, year) Feb. 25, 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Junking business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Sales

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Wesley

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Emma Hunter

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johns Hopkins Mal. Sobe Date Jan. 4, 1937

19. UNDERTAKER (Commissioner of Health)
(Address) Per H. A. Moore

20. FILED 1-4-1937 Harrington Williams, Registrar

2877 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-22, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-16, 1936, to 12-22, 1936.

I last saw him alive on 12-22, 1936 Death is said to have occurred on the date stated above, at 2:10 P m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lung — Date of onset Unk

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John T. Ranney M. D.

(Address) Baltimore City Hospitals

✓ F 30784

30784 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

82-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2003 W. Mulberry St. Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR none.

2. FULL NAME Josephine Perry.

(a) Residence: No. 2003 W. Mulberry St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. F. Perry.

6. DATE OF BIRTH (month, day, year) Feb. 22, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME George Pegelow

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Mr. Theodor O. Shade
(Address) 2003 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 1/7 1937

19. UNDERTAKER C. Vernon Lippman.
(Address) 4611 Park Heights.

4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 1937

22. I HEREBY CERTIFY, That I attended deceased from December 31 1936 to Jan. 3 1937

I last saw h[illegible] alive on Jan 3 1937. Death is said to have occurred on the date stated above, at 7 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	1933
hypertension	1933
Other contributory causes of importance: central hemorrhage	1/2/37

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation none Date of .....

What test confirmed diagnosis? clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Anthony V. Brukyus M. D.

(Address) 37 S. Stricker St.

D 14

M. D. B. 1268-9

✓ F 30785

30785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 41 E. Barney St. 12-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Ebaugh

(a) Residence: No. 41 E. Barney St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph E. Ebaugh

6. DATE OF BIRTH (month, day, year) July 22, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. At Home 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Carnes

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT Richard J. Marshall

(Address) 41 E. Barney St.

18. BURIAL, CREMATION, OR REMOVAL Place Bridges Street Cemetery Date Jan 6, 1937

19. UNDERTAKER C. Howard Evans

(Address) 1405-20 Pennsylvania Ave Washington Pittsburgh, Pa.

20. FILED 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1936, to Jan 4th, 1937

I last saw her alive on Jan 2, 1937. Death is said to have occurred on the date stated above, at 4.00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Large Intestine (Hepatic Flexure)	
Other contributory causes of importance: Myocarditis X Pulmonary Edema.	

Name of operation Resection portion of Large Intestine Date July 12

What test confirmed diagnosis Microscopic Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ....., 19..

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, how?

(Signed) John C. Schenuit, M. D.

(Address) 1337 E. Chase St.

F 30786

30786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary (Street) 122-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. .. mos. .. ds. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Mrs Alice Koenick

(a) Residence: No. 3602 Edgewood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mr. August F. Koenick

6. DATE OF BIRTH (month, day, year) Nov. 25, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	1	9	10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Jan 4, 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hartford Md.

FATHER

13. NAME Richard Hopkins

14. BIRTHPLACE (city or town) (State or country) Hartford, Md.

MOTHER

15. MAIDEN NAME Mary Jane Saunders

16. BIRTHPLACE (city or town) (State or country) Hartford, Md.

17. INFORMANT Mr. R. B. Hopkins Clayton

(Address) 3602 Edgewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Harve de Grace Date 1/5/37 19

19. UNDERTAKER Geo. L. Beyer Jr

(Address) 1512 Bolton St

20. FILED 19 Registrar

N 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4 1937 to Jan. 4 1937

I last saw her alive on Jan. 4 1937 Death is said to have occurred on the date stated above, at 5:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction (referred)	1-1-37
Post Pyelitis Shock	

Other contributory causes of importance:

Was an operation performed? Yes Date of Jan 4/1937

For what disease or injury? Volvulus - Duodenal Obstruction.

What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury .. 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wesley J. Keltz M. D.

(Address) Church Home & Inf.

F 30787

F 30787 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4807 Laurel Ave St., Ward) 17

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis F. Bronner

If U.S. Veteran specify WAR ... No Record

(a) Residence: No. 4807 Laurel Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed,~~ or Divorced (write the word)
Male	White	Divorced

5a. If ~~married, widowed, or~~ divorced

HUSBAND of ~~(or) WIFE of~~ Unknown

6. DATE OF BIRTH (month, day, year) April 7th 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager 086

9. Industry or business in which work was done, as ~~spinning mill~~, saw mill, bank, etc. Produce Com. Business

10. Date deceased last worked at this occupation (month and year) 12/36

11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Chas J. Bronner

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Emma P. Sisson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Aurelia B. Fox

(Address) 4807 Laurel Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Jan 5th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JAN 5 - 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3rd 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 25th 1936 to Jan 3rd 1937

I last saw him alive on Jan 3rd 1937. Death is said to have occurred on the date stated above, at 3:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Dilatation & Heart	Jan 3rd

Other contributory causes of importance: Fatty degeneration of Heart & Hard Obesity

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Physical & Clinical Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. D. Enson, M. D.

(Address) 4936 Park Hgts Ave

M. D. B 1268-9

F 30788

F 30788 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals (St. ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Lingan If U. S. Vet. specify WAR No Record

(a) Residence: No. 1509 Linden Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Harriet

6. DATE OF BIRTH (month, day, year) Dec 3 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Harford Co, Maryland

FATHER

13. NAME John F. Lingan

14. BIRTHPLACE (city or town) (State or country) Harford Co Maryland

MOTHER

15. MAIDEN NAME Elizabeth Mann

16. BIRTHPLACE (city or town) (State or country) Harford Co Maryland

17. INFORMANT Miss Alice Lingan

(Address) 1509 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Jan 5th 1937

19. UNDERTAKER Wm Cook

(Address) 127 St Paul St

20. FILED Jan 5 1937 by ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to h... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Hypertrophy	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) V. W. Wright Coroner, M. D.

(Address) 101 S. Eutaw St

OCCUPATION is very important. See instructions on reverse side.

30789 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 30789

19817

CERTIFICATE OF DEATH

V 82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 9-5 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Vet. specify WAR No Record

2. FULL NAME Lillie Lance

(a) Residence: No. 618 E. 31st Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Frank Lance

6. DATE OF BIRTH (month, day, year) 5-6-1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Wm. Myers

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Mary Clark (D)

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Morland Park Date Jan 6 1937

19. UNDERTAKER Wm Cook & Son
(Address) 1217 St Paul St.

20. FILED ..... 1937 ..... Registrar

JAN 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-3-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-28, 1936, to 1-3, 1937

I last saw her alive on 1-3, 1937 Death is said to have occurred on the date stated above, at 5-15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	3 days
Other contributory causes of importance: Cerebral Hemorrhage	1 wk

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospitals

F 30790

F 30790

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 Beaumont Avenue St., 27-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 11 mos. 4 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Michael P. May

(a) Residence: No. 511 Beaumont Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Benzinger

6. DATE OF BIRTH (month, day, year) Jan. 29, 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John May

14. BIRTHPLACE (city or town) (State or country) ------- Ireland

MOTHER

15. MAIDEN NAME Mary ------

16. BIRTHPLACE (city or town) (State or country) -------- Ireland

17. INFORMANT Joseph S. May
(Address) 511 Beaumont Ave., Govans

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 1/6 1937

19. UNDERTAKER Henry H. Mears & Son
(Address) 525 N. Eutaw St.

20. FILED 1937 Huntington Undertaking Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 2 1937

22. I HEREBY CERTIFY, That I attended deceased from December 14 1936 to January 2 1937

I last saw him alive on January 2 1937. Death is said to have occurred on the date stated above, at 4:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	1/2/37
Other contributory causes of importance: Lobar Pneumonia, Myocardial Insufficiency	12/14/36

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Gross. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) Helen G. Cannon M. D.

(Address) 1301 St Paul Street

30791 F 30791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18745

Registered No. 34 D-93-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt; St. 17-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rufus Stewart

(a) Residence: No. 617 George St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-4-1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) West Indies

MOTHER

15. MAIDEN NAME Elizabeth Cook

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Pet. Cemetery 1/5 1937

19. UNDERTAKER Bernard Brenda
(Address) 518 Druid Park Ave

20. FILED 19 Registrar.

JAN 5 - 1937 Thos. Joseph Pikesville, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-2, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-16, 1936 to 1-2, 1937

I last saw him alive on 1-2, 1937 Death is said to have occurred on the date stated above, at 8½ A.m.

The principal cause of death and related causes of importance were as follows:

Aortic Insufficiency — Date of onset 5 years

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospital

M. D. B 1268-9

30792 HEALTH DEPARTMENT—CITY OF BALTIMORE 30792

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 631 Vine St. St. 4-2 Ward)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S Veteran specify WAR .....

2. FULL NAME Frank Carter

(a) Residence: No. 631 Vine St., ... Ward. .....
(Usual place of abode) (if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Carter

6. DATE OF BIRTH (month, day, year) March 13, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME FRANK CARTER

14. BIRTHPLACE (city or town) (State or country) EASTERN SHORE M.D.

MOTHER

15. MAIDEN NAME MARY RASBERRY

16. BIRTHPLACE (city or town) (State or country) EASTERN SHORE MD.

17. INFORMANT GERTRUDE HARDEN
(Address) 565 OXFORD ST

18. BURIAL, CREMATION, OR REMOVAL
Place MT. CALVARY Date 1/5 19 37

19. UNDERTAKER William A Jackson
(Address) 416 E Pennsylvania

PLACE OF BURIAL OR REMOVAL Mt Calvary for Funeral Home, MD

JAN 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. C. Becker, M. D.
Coroner

(Address) 2757 Tenth

F 30793 Barnes. F 30793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 13-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Bertha Barnes. If U.S Veteran specify WAR .....

(a) Residence: No. 707 N. 36th St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Horace L Barnes

6. DATE OF BIRTH (month, day, year) Dec 6 - 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harbo. Co. Md

FATHER

13. NAME John L. Wentz

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Rachel Humbolet

16. BIRTHPLACE (city or town) (State or country) Pa Md

17. INFORMANT Mrs. Elmer Hyatt (Address) Govans 836 W 36 St

18. BURIAL, CREMATION, OR REMOVAL Cherrydange M.E. Church Date Jan 6 1937

Carroll Co. A. S. Marshall

19. UNDERTAKER (Address) 3539 Falls Road

FILED ..... 19 ..... Registrar

N J - 1937 Huntingtown Prince Frederick, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1936 to Jan. 3, 1937

I last saw her alive on Jan. 2, 1937 Death is said to have occurred on the date stated above, at 9:28 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis of abdominal cavity	1934
Other contributory causes of importance:	

Was an operation performed? Laparotomy Date of Dec 11 1936

For what disease or injury? Malignancy

What test confirmed diagnosis? Pathology Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edgar J. Wells, M. D.

(Address) University Hospital

30794 F 30794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital - W Ward)

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 19 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mattie Vermillion

If U.S Veteran specify WAR ....

(a) Residence: No. Levering Ave., Elkridge, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis L. Vermillion

6. DATE OF BIRTH (month, day, year) Feb. 8, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard County, Md.

FATHER

13. NAME Milton L. Becraft

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rebecca Watkins

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. Lewis L. Vermillion

(Address) Elkridge, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Elkridge, Md Date Jan. 5, 1937

19. UNDERTAKER C. Leroy Stiffler, Inc.

(Address) 125 E. North Ave.

20. FILED JAN 5 - 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 3 , 1937

22. I HEREBY CERTIFY, That I attended deceased from 1 - 2 , 1937 to 1 - 3 , 1937

I last saw her alive on 1 - 3 , 1937. Death is said to have occurred on the date stated above, at 9:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetis Mellitis	1934
Sever secondary Anemia	?
Bronchial Pneumonia	1-1-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... , 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Morris J. Nicholson M. D.

(Address) Maryland Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

30795 18225 30795

CERTIFICATE OF DEATH

30795 V 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. S. 16-Z Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1926 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Maggie Smith

(a) Residence: No. 708 Carey St., St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Benjamin (Un.)

6. DATE OF BIRTH (month, day, year) 4-1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Edwin Sharen

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Laura Hicks

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 1-5 1937

19. UNDERTAKER Chas. Alexander
(Address) 1336 Pena. Ave

20. FILED JAN 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-1 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-26 1936 to 1-1 1937

I last saw h. alive on 1-1 1937 Death is said to have occurred on the date stated above, at 3:35 A.m.

The principal cause of death and related causes of importance were as follows: Hypertensive Cardio-Vascular Renal Disease — Date of onset 8 years

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Kenney M. D.

(Address) Baltimore City Hospitals

F 30796

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30796

CERTIFICATE OF DEATH

108

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harline Alexander
If U.S. Veteran specify WAR ...

(a) Residence: No. 525 McMechen St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME James Alexander
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER
15. MAIDEN NAME Elenora Burton
16. BIRTHPLACE (city or town) (State or country) St Marys County Maryland

17. INFORMANT (Address) Mrs Elenora Alexander 525 McMechen St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 1-5-1937

19. UNDERTAKER (Address) Chas. Alexander 536 Fulton Ave

20. FILED ... 19 ... Registrar.

1-5-1937 Permission for Burial issued

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-4-1937

22. I HEREBY CERTIFY, That I attended deceased from 12-5-1936 to 1-4-1937
I last saw him alive on 1-4-1937 Death is said to have occurred on the date stated above, at 5:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Colon pneumonia	12-26
Malnutrition	?

Other contributory causes of importance:
Prematurity

Was an operation performed? no Date of ...
For what disease or injury? ...
What test confirmed diagnosis Clinical & X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James D. Carr M. D.
(Address) 515 Mosher St

30797 F 30797

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 349-23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) 17-2

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Wheeler Layton (19558)

(a) Residence: No. 1128 Druid Hill Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Dec. 25, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52		9 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 21

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Jamina

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Whitelawn Date 1-5 1937

19. UNDERTAKER: Chas Alexander
(Address) 336 Penna. Ave.

5-1937 Permit for Whitelawn

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 17, 1936 to January 3, 1937

I last saw him alive on January 3, 1937 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Nov 1936.
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis: Clinical Was there an autopsy: Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Kenneth Feldman M. D.

(Address) Baltimore City Hospitals

30798 F 30798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4908 Pennington ave St.) Curtis Bay Ward 5

Length of residence in city or town where death occurred 30 yrs. ... mos. ... da. How long in U. S. if of foreign birth? 30 yrs. ... mos. ... da.

2. FULL NAME Anna Klosewska

If U.S Veteran specify WAR .....

(a) Residence: No. 4908 Pennington ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Casimer

6. DATE OF BIRTH (month, day, year) 10-15-1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 47	2	12 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Wojciech Ruzchik

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Orszula Oleszewska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Casimer Klosewski
(Address) 4908 Pennington ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross AA Co Date Jan 7 1937

19. UNDERTAKER Wm S. Fialkowski
(Address) 2007 Eastern Ave

JAN 5 - 1937

... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 3 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1 1935 to Dec. 31 1936

I last saw her alive on Dec. 31 1936 Death is said to have occurred on the date stated above, at 7.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Chronic)	2 years
Other contributory causes of importance:	
Acute nephritis (Toxic)	Nov. 1936

(over)

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? physical ex. Laboratory Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Morris Abramowitz M. D.
(Address) 1705 E. Baltimore St.

M. D. B. 1268-B

F 30799

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30799

CERTIFICATE OF DEATH

183

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pier #4 Pratt St. 6 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John C. Spratt

If U. S. Veteran specify WAR .....

(a) Residence: No. 1609 Dundalk Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 17, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pier #4 Pratt St

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburgh Pa

FATHER

13. NAME Samuel Spratt

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Sarah Coulter

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Peters
(Address) 1609 Dundalk Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St Paul's Date Jan 5, 1937

19. UNDERTAKER John C. Miller
(Address) 2133-35 E. Oliver St

20. FILED JAN 5 1937 Thos. E. Low Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/4, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operator(s) ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1/4, 1936

Where did injury occur? Pier #4 Pratt St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Pier #4 Pratt St

Manner of injury Drowned

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Chas B Gladden M. D.
(Address) 1031 St Paul St

F 30800

F 30800 HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 N Montford Ave Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lena Sturgeon

(a) Residence: No. 423 N. Montford Ave, ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Sturgeon

6. DATE OF BIRTH (month, day, year) Oct 24 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm Boecker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Rash

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary Morgan

(Address) 423 N. Montford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md Date Jan 4. 1937

19. UNDERTAKER Wm. J. Dreyer

(Address) 2-32 E Oliver St

Jan 5 1937 at Baltimore, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 25, 1936, to January 4, 1937

I last saw h... alive on Jan 4 1937 Death is said to have occurred on the date stated above, at 9:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/25/36

Other contributory causes of importance:

Cardio-renal disease with hypertension

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Frank Ayd M. D.

(Address) 2005 E. Monument St

F 30801 HEALTH DEPARTMENT—CITY OF BALTIMORE F 30801

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St. 27-16 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie A. Likes

If U.S Veteran specify WAR

(a) Residence: No. 5020 Park Heights Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward Likes

6. DATE OF BIRTH (month, day, year): Sept. 13, 1879

7. AGE: Years 57 Months 3 Days 21 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Mat Ambach

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Addie Hendershteiner

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Mrs. S. Lauerhinder

(Address) Kirira Apts.

18. BURIAL, ~~CREMATION, OR REMOVAL~~: Balto. Hebrew Date Jan. 6 1937

19. UNDERTAKER: David Lashkinsky & Son

(Address) 1902 Eutaw Place

20. FILED 5-1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 24, 1936 to Jan. 4, 1937

I last saw her alive on Jan. 4, 1937. Death is said to have occurred on the date stated above, at 1:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	1-2-37
Bronchopneumonia (type undetermined)	1-1-37
Chronic Nephritis	1934
Other contributory causes of importance:	
Hypertension	?
Arteriosclerosis, generalized	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Bernard Lidman, M. D.

(Address) Sinai Hospital

30802 HEALTH DEPARTMENT—CITY OF BALTIMORE 30802

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 762 Mulberry St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Helen Blaine

(a) Residence: No. 762 W. Mulberry St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Blaine

6. DATE OF BIRTH (month, day, year) 12-25-1876 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Charlestown W. Va

MOTHER FATHER

13. NAME Anthony Blue

14. BIRTHPLACE (city or town) (State or country) Charlestown W. Va

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) Charlestown W. Va.

17. INFORMANT John Robinson
(Address) 2342 N Carlton St.

18. BURIAL, CREMATION, OR REMOVAL
Mount Calvary Cem. Date Jan 5 1937

19. UNDERTAKER Baltimore Funeral Home
(Address) 1918-1937

19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27 1936 to Jany 2, 1937

I last saw her alive on Jan 2, 1937 Death is said to have occurred on the date stated above, at 1255 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/27

Other contributory causes of importance .....

Was an operation performed? Not Date of .....

For what disease or injury? .....

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) Thos. Thos. Higgins M. D.

(Address) 2243 Madison Ave

F 30803

HEALTH DEPARTMENT—CITY OF BALTIMORE

30803

CERTIFICATE OF DEATH

✓ 115-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1313 Hartem St. 15-a Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Hannah Williams

(a) Residence: No. 1329 Hartem Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/15/1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kings Co Md

FATHER

13. NAME Tillman Dyson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mamie Worthington

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Morgan Dyson

(Address) 1329 Hartem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem Date 1/5/ 1937

19. UNDERTAKER Francis A. Bensley

(Address) 59 W. Biddle St.

20. FILED JAN 5 - 1937 Clinton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/2/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 11/29/36 to 1/2/37 . 19

I last saw h[illegible] alive on 1/1/37 . 19 . Death is said to have occurred on the date stated above, at 12 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobular	
Pleural effusion	
Other contributory causes of importance: Arteriosclerosis	
Heart disease	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Clinton Williams, M. D.

(Address) 1329 Hartem Ave

F 30804

F 30804 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Provident Hospital ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hattie Robinson

If U.S. Veteran specify WAR

(a) Residence: No. 717 E. Eager St. Spanos Point Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) March 15, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 00?

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Theodore Davis

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Laura Jackson

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Marie Washington

(Address) 717 Eye St. Spanos Point

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date 1/6 1937

19. UNDERTAKER Frances A. Kemp Jr.

(Address) 548 W. Biddle St

FILED JAN 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1. 3. 1937

22. I HEREBY CERTIFY, That I attended deceased from 11. 21. 1936 to 1. 3. 1937

I last saw her alive on 1. 3. 1937 Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	12.21.36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James D. Carr M. D.

(Address) 515 Mosher St

F. D. F 30805

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30805

CERTIFICATE OF DEATH

193 c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 N. Fay St., 8-7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert L. Wix

If U. S. Veteran specify WAR .....

(a) Residence: No. 1213 N. Fay St. St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary Wix

6. DATE OF BIRTH (month, day, year) June 22 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Wix

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Carrie Rodgers

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Mary Wix

(Address) 1213 N. Fay St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 6 1937

19. UNDERTAKER Henry Lutz

(Address) 1203 W. Pratt St.

FILED JAN 5 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 3, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave.

M. D. B. 1268-3

F 30806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp. St. 2-1 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Magdalena Knott

(a) Residence: No. 21. S. Washington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Knott

6. DATE OF BIRTH (month, day, year) May 23/1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	7	11	10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Baetz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Bauer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles Knott (Son)
(Address) 21. S. Washington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan. 6 1937

19. UNDERTAKER Lilly & Spreiser Inc.
(Address) 405 S. Fire. St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 3 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)
at 2/20 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture L. Left femur	
Fracture of Left humerus	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1/2/37

Where did injury occur? Front of 215 S. Washington St. Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In street

Manner of injury Slipped & fell on pavement

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1919 E. North Ave.

30807

HEALTH DEPARTMENT—CITY OF BALTIMORE

30807

CERTIFICATE OF DEATH

34-11-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 732 Gilmor St. 16-B Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 10 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hattie Campbell

If U. S. Veteran specify WAR .....

(a) Residence: No. 732 N. Gilmor St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) February 7-1920

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
16	16	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec. 23-1936

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George Campbell

14. BIRTHPLACE (city or town) (State or country) Prince George Co. Md.

MOTHER

15. MAIDEN NAME Mary Connah

16. BIRTHPLACE (city or town) (State or country) Cambridge Md.

17. INFORMANT George Campbell

(Address) 732 Gilmor

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus cem. Date 1-6-37, 19

19. UNDERTAKER Geo. H. Kelhor

(Address) 1303 Presstman st

20. ..... Registrar.

JAN 5-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1936, to January 2, 1937

I last saw h[illegible] alive on January 2, 1937 Death is said to have occurred on the date stated above, at 8.30 p.m. 5.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	12/24/36
Cardiac Failure	1/2/37

Other contributory causes of importance:

Tuberculosis ? ? Needles for 1 yr.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Physical Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. F. Wright M. D.

(Address) 1209 Presstman St

30808 Kavanaugh ✓ F 30808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

149-B - 149-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hosp. (St.) 87 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Elizabeth Kavanaugh If U.S. Veteran specify WAR .....

(a) Residence: No. 1532 N. Wolfe St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gerald

6. DATE OF BIRTH (month, day, year) Aug 23 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	18	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Francis Reisman

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Mary Rauman

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Gerald Kavanaugh (Address) 1532 N. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 7 1937

19. UNDERTAKER Martin W. Ed. Dippel (Address) 37 S. Amm St.

20. FILED JAN 5 - 1937 Huntington Pittman, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 1936 to Jan 7 1937

I last saw her alive on January 4. 1937. Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia - Type B, Staph aureus	
Pregnancy	

Other contributory causes of importance:

Was an operation performed? Yes Date of 12/26/36

For what disease or injury? Cesarean section

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carl A. Pflaum M. D.

(Address) Union Memorial

F 30809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4508 Kenwick Rd St.) 27-14 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jennie Bortner

(a) Residence: No. 4508 Kenwick Rd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Mar. 12, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York County Penna.

FATHER

13. NAME Lewis S. Bortner

14. BIRTHPLACE (city or town) (State or country) York County Penna.

MOTHER

15. MAIDEN NAME Serenda Miller

16. BIRTHPLACE (city or town) (State or country) York County Penna.

17. INFORMANT Mr. Lewis F. Bortner

(Address) 4508 Kenwick Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Broadbeck, Pa. Date Jan. 6, 1937

19. UNDERTAKER Wm. C. Rubb & Son

(Address) Loganville, Pa.

20. FILED JAN 5 - 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 3rd, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 27, 1936 to January 3, 1937

I last saw her alive on January 3, 1937. Death is said to have occurred on the date stated above, at 6:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	1/3/37
Arterio-sclerotic heart disease	Years
Other contributory causes of importance: Bronchio-pneumonia	12/27/36

Was an operation performed? X Date of X

For what disease or injury? X

Name of operation X Date of X

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Henry M. Hensen, M. D.

(Address) 5302 York Road

F 30810 ✓ F 30810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5914 Green Hill Ave 26-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. dys.

If U. S. Veteran specify WAR

2. FULL NAME Mary Elizabeth Eaton

(a) Residence: No. 5914 Green Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 25, 1936.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	7 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Eaton

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Heitz

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Mary Eaton (Address) 5914 Green Hill Ave

18. BURIAL, CREMATION, OR REMOVAL Place Pat Cemetery Date 1/5/37

19. UNDERTAKER Harry H. Weitzel (Address) 4101 Eastern Ave

20. FILED JAN 5 - 1937 Huntington Avenue, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1936 to Jan 3, 1937

I last saw h— alive on Jan 3, 1937. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Whooping Cough	Dec 22 1936
Other contributory causes of importance:	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Symptoms Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Edw. H. Hooper M. D.

(Address) 1 W. Centre Ave

30811 ✓ F 30811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH St. Agnes Hospital — Registered No. .....

CITY OF BALTIMORE: (No. Wilkins Ave. St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. 11 mos. 14 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Marie Kuebler, Mrs. Marie Kuebler — If U.S. Veteran specify WAR .....

(a) Residence: No. 1219 Jams St Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Herman O. Kuebler

6. DATE OF BIRTH (month, day, year) Dec 17th 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date decreased last worked at this occupation (month and year) Dec 24 Self

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Mac

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary O'Brien

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Herman W Kuebler
(Address) 1219 Jams St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date Jan 7th 1937

19. UNDERTAKER Charles P Towfel
(Address) 2421 Eastmoreland Ave.

JAN 5 - 1937

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/3/37. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 . 1936 . to Jan 3 . 1937

I last saw her alive on Jan 3 . 1937 . Death is said to have occurred on the date stated above, at 11.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Cardio Vascular Collapse	
Other contributory causes of importance: Rheumatic Heart Disease.	1920.

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Louis G. Llewelyn M. D.

(Address) St. Agnes Hospital

F 30812 HEALTH DEPARTMENT—CITY OF BALTIMORE F 30812

CERTIFICATE OF DEATH

51-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1914 E. Fayette St. (Ward) 26 - 4

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William R. Evans

(a) Residence: No. 1914 E. Fayette St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Evans

6. DATE OF BIRTH (month, day, year) Aug. 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	4 5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City & Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Lancy Evans

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) Ella Evans 1914 E. Fayette st

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date Jan 6 37

19. UNDERTAKER (Address) Philip Herring Sons 2016 Orleans st

20. FILED 19 Registrar

5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 1937

22. I HEREBY CERTIFY, That I attended deceased from June 5 1936 to Jan 4 1937

Last saw h. M alive on Jan 4 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from Epidermoid Carcinoma Bladder	
Immediate death	
Other contributory causes of importance:	
Carcinoma Bladder 6 mths duration	

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) B. F. Kelly M. D.

(Address) 100 N Linwood Ave

0813 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 30813

CERTIFICATE OF DEATH

177

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4616 Ashley Ave St. 27-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry F. Lifford

(a) Residence: No. 4616 Ashley Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Lifford

6. DATE OF BIRTH (month, day, year) Feb 24 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oil Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lbr. Yard + Mill

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Lifford

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Katherine Hoffman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Lena Lifford
(Address) 4616 Ashley Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 1-7-37 19

19. UNDERTAKER Philip Sterling Sons
(Address) 2016 Orleans St

20. FILED ... 19 ... Registrar
1-7-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1937 to Jan 3 1937
I last saw h[e] alive on Jan 3 1937 10.50 P.M. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilation — Date of onset 1/3/37

Other contributory causes of importance:

Acute Influenza — 1/3/37

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury From Fall from Stool

Nature of injury Contusion

24. Was disease or injury in any way related to occupation of deceased? No
If so, when?

(Signed) Fred S. Ellwood M. D.

(Address) 2411 Eutaw Pl

M. D. B. 1268-9

Greifzu

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30814

9814

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 450 N. Patterson Pk ave. Ward) 13

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rozalie Griefzu

(a) Residence: No. 450 N. Patterson Pk ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleswoman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cook dept., Dept. Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Christian Griefzu

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Margaret Miller

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Carrie Griefzu
(Address) 450 N. Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Com. Date 1/6/37 19

19. UNDERTAKER Philip Herrig Sons
(Address) 206 Aisquith St

20. FILED 1937 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 — 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1 — 1936 to Jan 3 — 1937.

I last saw h[illegible] alive on Jan. 13 1937. Death is said to have occurred on the date stated above, at 1:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	12/37
Other contributory causes of importance:	
Cerebral hemorrhage with Hemiplegia	1922
Arteriosclerosis	

Name of operation — Date of —

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas J Keller M. D.

(Address) 222 W. Monument St

M. D. B 1268-9

F 30815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 49-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clark C. Campbell

(a) Residence: No. 22 N. Carey St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ? 1889

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
About 47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0050

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

13. NAME Willian Campbell

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Thomas Daniel
(Address) 22 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date January 6, 1937

19. UNDERTAKER Joseph Rooth
(Address) 1007 W. Baltimore St.

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above. 7 A. M.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Two months

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Jno. H. Phillips, M. D.
Coroner

(Address) 1020 Edmondson Ave.

F 30816

30816

HEALTH DEPARTMENT—CITY OF BALTIMORE

19779

CERTIFICATE OF DEATH

108

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5yr 6mos ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No

2. FULL NAME Henry Laabs

(a) Residence: No. 2804 Ashland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Delia (Reggins)

6. DATE OF BIRTH (month, day, year) 11-26-1895

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
41	1	9	8

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House 0015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Gustave Laabs

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Richoer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem. Date 1/7/37 19

19. UNDERTAKER George Kuttler Inc.
(Address) 1235 Harlem Ave

20. FILED 1-5-1937 Huntington Fitzhugh, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-4, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-27, 1936 to 1-4, 1937

I last saw him alive on 1-4, 1937 Death is said to have occurred on the date stated above, at 6.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10 dac
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospital

✓ F 30817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-D

30817

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 Aiken St., 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Marie Theresa McLaughlin

(a) Residence: No. 1819 Aiken St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of Frank J. McLaughlin

6. DATE OF BIRTH (month, day, year) May 28 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Thomas Hawkins

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mr. Frank J. McLaughlin

(Address) 1819 Aiken St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Jan. 7 1937

19. UNDERTAKER Henry Heck Sons, Inc.

(Address) 201 E. Eager St.

20. FILED ... 19 ... Registrar

5 - 1937 ... Deputy Registrar, H.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1936 to Jan. 4, 1937

I last saw her alive on Jan. 3, 1937. Death is said to have occurred on the date stated above, at 9:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 days
Other contributory causes of importance: Hemiplegia (cause)	Feb 1936

Was an operation performed? ... Date of .....

For what disease or injury? .....

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Samuel Brooke M. D.

(Address) 1331 E. North Ave

M. D. B. 1268-9

✓ F 30818

30818 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. E-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Steele

(a) Residence: No. 163 West St - Annapolis, Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 1, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, 2 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newborn

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

MOTHER | FATHER

13. NAME Frederick Steele

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Grace Wells

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Mercy Med. Sch. Date Jan. 5 1937

19. UNDERTAKER .....
(Address)

Commissioner of Health
Per H. A. Moore

20. FILED ..... 19..... Registrar.

2878

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 1937 to Jan 1 1937

I last saw h.. alive on Jan 1 1937 Death is said to have occurred on the date stated above, at 6:15 m.

The principal cause of death and related causes of importance were as follows:

Prematurity (26 weeks)

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of No

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. B. McNally M. D.

(Address) Univ. Hosp

30819 F 30819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Union Memorial Hospl

CITY OF BALTIMORE: (No. ..... St. 17-V Ward)

Length of residence in city or town where death occurred 73 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Clara G. Roemer

(a) Residence: No. Homewood Apts St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry B. Roemer

6. DATE OF BIRTH (month, day, year) Dec 3, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Capt. Lewis Chance

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME V. Barteau

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Chas. G. Roemer

(Address) U.S. Coast Guard Curtis Bay P.O.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jany 7, 1937

19. UNDERTAKER John Mitchell Sons

(Address) 1900 Eutaw Place

20. FILED

1-6-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1937, to Jan 5, 1937

I last saw her alive on Jan 5, 1937. Death is said to have occurred on the date stated above, at 5th a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Heart disease	1932

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert H Liver, M. D.

(Address) Union Memorial Hospital.

30820 F 30820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2353 Washington Blvd St. 22nd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25-3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME Joseph M. Heath

(a) Residence: No. 2353 Washington Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) April 24 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Glass House

10. Date deceased last worked at this occupation (month and year) Apr 1936

11. Total time (years) spent in this occupation 11 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Magruder Heath

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Elizabeth Parr

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Elizabeth Heath

(Address) 2353 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Jan 6 Loudon Pk

19. UNDERTAKER Edward Loudon

(Address) 2367 Washington Blvd

20. FILED JAN 6 1937 Hunter for Baltimore City
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 9 1936 to Jan 4 1937

that I saw h— alive on Jan 3 1937. Death is said to have occurred on the date stated above, at 1130 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bright's Disease	1936
	years
Other contributory causes of importance: Hypostatic pneumonia	9 days

Was operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify no

(Signed) R. J. Mann M. D.

(Address) 2708 Hollins Ferry Rd.

30821 F 30821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2824 Georgetown Rd St. 25-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Lupus

If U. S. Veteran specify WAR .....

(a) Residence: No. 2824 Georgetown Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Lupus

6. DATE OF BIRTH (month, day, year) July 4 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71 yr	5	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pattern Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing

10. Date deceased last worked at this occupation (month and year) 1080

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Rudolf Lupus

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Elizabeth Lupus.
(Address) 2824 Georgetown Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Jan 6th 2 PM 1937

19. UNDERTAKER Fred Heck & Co
(Address) 120 W Lombard St

20. FILED ..... 19.....
Registrar.

5 - 1937 Huntington Phillips, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1936 to Jan 3 1937

I last saw him alive on Jan 3 1937. Death is said to have occurred on the date stated above, at 1:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Disease	9/15/36
Other contributory causes of importance: Pulmonary Edema	12/25/36

Was an operation performed? No Date of —

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) C P Rozeling M. D.

(Address) 2623 Washington Blvd

30822 V F 30822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1721 Moreland Ave St. 15-3 Ward)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles A Soistmann

(a) Residence: No. 1721 Moreland Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Amelia Soistmann

6. DATE OF BIRTH (month, day, year) Oct 8. 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Fireman 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. # 7 Engine Co.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila Pa.

FATHER

13. NAME August Soistmann

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr Joseph W Soistmann

(Address) 1201 N Bentalou

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date 1/7/37

19. UNDERTAKER H A Cole & Leonard

(Address) 1200 E. Lombard

20. 1-1937 Huntington Pittman, M.D.

(Address) 8 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/5/1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1936, to Jan. 3 1937.

I last saw h.. alive on Jan 3 1937. Death is said to have occurred on the date stated above, at 3.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-3-37
Other contributory causes of importance:	
Chronic Myocarditis	10
Hypertension	10

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Nathan Rosenau, M. D.

(Address) 206 S. Gilmor St

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30823 F 30823

CERTIFICATE OF DEATH

82-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 Barclay St 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ½ yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lydia C Johns

If U. S. Veteran specify WAR

(a) Residence: No. 1810 Barclay St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of James C Johns

6. DATE OF BIRTH (month, day, year) Nov 5 1844

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
92	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Georges Delaware

FATHER

13. NAME Isaac C Cloak

14. BIRTHPLACE (city or town) (State or country) St Georges Delaware

MOTHER

15. MAIDEN NAME Sarah Elson

16. BIRTHPLACE (city or town) (State or country) St Georges Delaware

17. INFORMANT Mr Henry Johns

(Address) 1810 Barclay St

18. BURIAL, CREMATION, OR REMOVAL

Place St Georges Cem Delaware Date 1/6 1936

19. UNDERTAKER Fred A Gore

(Address) 1700 W Lombard St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/3 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1936 to Jany 3 1937

I last saw h alive on Jany 3 1937 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	
Other contributory causes of importance: Cerebral Hemorrhage	2 days

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Unusual there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lay L. Thorton M. D.

(Address) 537 E. North

Jan - 1937 Interment Fitzgerald Co. St Georges

M. D. B 1268-9

F 30824

30824 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 5-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles E. Chandler (U. S. Veteran specify WAR)

(a) Residence: No. 11 N. Eighth & Fayette Sts. St., Salvation Army Home Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Katherine Chandler

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contr

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Robert Chandler

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Caroline M. Pinneman

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Wm. A. Chandler (Address) 1624 Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL Place Balto Date Jan 9 37

19. UNDERTAKER Cook Undertaking Co. (Address) 2208 E. Monument St

20. FILED 1-9-1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 3, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:

Cardiac failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1912 E. North ave.

5-1937

F 30825

30825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E

Registered No. 76-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4108 E Lombard St. 76-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret B Parrish

If U.S. Veteran specify WAR

(a) Residence: No. 4108 E Lombard St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edgar L Parrish

6. DATE OF BIRTH (month, day, year): Jul 22-1873

7. AGE: Years 63 | Months 5 | Days 12 | If LESS than 1 day, hrs. min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 20+?

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Nicholas Peggs

14. BIRTHPLACE (city or town) (State or country): Balto

MOTHER

15. MAIDEN NAME: Margaret Muller

16. BIRTHPLACE (city or town) (State or country): Balto.

17. INFORMANT: Edgar L Parrish

(Address): 4108 E Lombard

18. BURIAL, CREMATION, OR REMOVAL

Place: Parkwood Date: Jan 10 37

19. UNDERTAKER: John McGuigan Sons

(Address): 1008 Gilmor St

20. FILED 19 Registrar

5-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1936, to Jan 4, 1937

I last saw her alive on Jan 4-1937. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis — Date of onset: 1yr +

Other contributory causes of importance:

Chr Arterio-sclerosis + Hypertension — ?

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) N. J. Davidow, M. D.

(Address) 3228 Eastern ave

M. D. B. 1268-9

✓ F 30826

30826 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 Wilkins ave St., 19th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Elizabeth mc Court

(a) Residence: No. 1815 Wilkins ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Felix mc Court

6. DATE OF BIRTH (month, day, year) Oct 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	72	2 3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co Md.

FATHER

13. NAME Thomas B Murray

14. BIRTHPLACE (city or town) (State or country) Frederick Co Md

MOTHER

15. MAIDEN NAME Mary Beard

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Katie C Hammond

(Address) 1815 Wilkins ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 6 1937

19. UNDERTAKER Harry A Wetzel

(Address) 1101 Monroe ave

19. FILED 1-6-1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 29 1936 to Jan 3 1937

I last saw h[illegible] alive on Jan 2 1937 Death is said to have occurred on the date stated above, at 8 20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism Hypostatic	
Arterio Sclerosis, Chr Nephritis	
(Glomerular) Senility	

Other contributory causes of importance:

Pulmonary Oedema

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harvey C Wetzel M. D.

(Address) 2151 Wilkins ave

1923 132
30827

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 30827

CERTIFICATE OF DEATH

133

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St. 1-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. 1 mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Lastenia Arango visitor

(a) Residence: No. Notre Dame Convent Ward. Panama

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3-1-03

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
33	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Panama

FATHER

13. NAME Ricardo Arango

14. BIRTHPLACE (city or town) (State or country) Panama

MOTHER

15. MAIDEN NAME Marie Lewis

16. BIRTHPLACE (city or town) (State or country) Panama

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Cristobal, Canal Zone Date Jan 7 1937

19. UNDERTAKER Geo M. Frisk Son

(Address) 811 N Wolfe St

20. FILED JAN - 1937 19 Registrar.

RPB

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1936 to Jan 5, 1937

I last saw her alive on Jan 5, 1937. Death is said to have occurred on the date stated above, at 6:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction.	12-31-36
Peritonitis.	12-31-36
Shock.	

Other contributory causes of importance: Uremia —

Was an operation performed? Nephropexy Date of 12-30-36

For what disease or injury? Nephroptosis

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel C. Vest Jr. M. D.

(Address) Johns Hopkins Hosp.

Spec.—9-30—A. & Co.—250 Bks.

F 30828 HEALTH DEPARTMENT—CITY OF BALTIMORE F 30828

CERTIFICATE OF DEATH. 11-6

1 PLACE OF DEATH

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 1209 N. Calvert ST. 11-1 WARD)

2 FULL NAME Rose M Renshaw

(a) RESIDENCE NO. 1209 N Calvert ST. ..... WARD ..... (If non resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Howard F. Renshaw

6 DATE OF BIRTH (month, day, and year) Nov. 10 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant Howard F. Renshaw (Address) 1209 N. Calvert. Balto. Md

15 Filed JAN 6 - 1937 19 Hunter for Illinois, Ill.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 6 - 1937

17

I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1937, to Jan. 6, 1937

that I last saw her alive on Jan 6, 1937

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? 1209 Calvert St

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam.

(Signed) John S. Birkhoff M. D.

19 (Address) 1232 - 25th St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Cem. DATE OF BURIAL Jan 8 1937

20 UNDERTAKER J. Bankard & Son ADDRESS Westminster, Md.

M. D. B 1268-9

F 30829

F 30829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 210-M

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. St., 8-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. 11 mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elmer Cook.

(a) Residence: No. 1953 Patterson Pl. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of Beatrice Cook.

6. DATE OF BIRTH (month, day, year) January 13, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John A. Cook.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Ida V. Washburn.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT John A. Cook. (father)
(Address) 1953 Patterson Place.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date 1-6- 1937

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 27, 1936 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the skull	
Automobile accident	12/25/36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis inquest. Was there an autopsy? N

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury 12/25/36 19

Where did injury occur? Fayette ner Aisquith.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Struck by Auto while Crossing street

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Otho Ray Lovat, M. D.
Coroner

1/5/37 (Address) 1017 S. Charles St.

F 30830

F 30830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-A

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4515 Garrison Blvd. St., 28-1 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Annie E. Maasch

(a) Residence: No. 4208 Groveland Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward R. Maasch

6. DATE OF BIRTH (month, day, year) Aug. 6, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	4	28 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Yorkstown

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs George Schluderberg

(Address) 6602 Park Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Jan. 6, 1937

19. UNDERTAKER E. Leroy Stauffer, Inc.

(Address) 1256 E. Northdale.

20. FILED JAN 6 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936 to Jan 4, 1937

I last saw her alive on Jan 4, 1937 Death is said to have occurred on the date stated above, at 1:10 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 12/24/36

Other contributory causes of importance: Oedema of extremities — 1927

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Chas. F. Carroll, M. D.

(Address) 4208 Groveland Ave.

M. D. B 1268-9

30831

F 30831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-A

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 20-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ferdinand Walsh

(a) Residence: No. 120 S. Loudon Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Lydia Brubaker Walsh

6. DATE OF BIRTH (month, day, year) April 26, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balt. Transit Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 9 Yr

12. BIRTHPLACE (city or town) Balt. (State or country) Md.

FATHER

13. NAME Michael Walsh

14. BIRTHPLACE (city or town) ..... (State or country) Ireland

MOTHER

15. MAIDEN NAME Anne Balden

16. BIRTHPLACE (city or town) ..... (State or country) Ireland

17. INFORMANT Mrs. Lydia Walsh

(Address) 104 S. Loudon Ave.

18. BURIAL, CREMATION OR REMOVAL

Place New Cathedral Date 1/10 1937

19. UNDERTAKER Morgan A. Flynn

(Address) 1423 Eutaw St.

20. FILED 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	

Other contributory causes of importance:

Cerebral apoplexy

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schenker, M. D.

Coroner

(Address) 1712 E. North Ave.

F 30832

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30832

CERTIFICATE OF DEATH

V 108

19829

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 2-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis Rice

(a) Residence: No. 934 S. Durham St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma

6. DATE OF BIRTH (month, day, year) 1/22/1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Lawson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Katie ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date 1-7-1937

19. UNDERTAKER Baker & Manning & Wright

(Address) 1218 McElderry St

20. FILED 1-8-1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-4-1937

22. I HEREBY CERTIFY, That I attended deceased from 12-28-1936 to 1-4-1937

I last saw him alive on 1-4-1937 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-21-36
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Rayney M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-2

F 30833

F 30833

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 38 S. Bond St., 3-1 Ward)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louisa N. Satchell If U. S. Veteran specify WAR W. W.

(a) Residence: No. 38 S. Bond St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alex

6. DATE OF BIRTH (month, day, year) Oct 14 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Junk Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Junk yard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fairfax (State or country) Virginia

FATHER

13. NAME Amos

14. BIRTHPLACE (city or town) ..... (State or country) Virginia

MOTHER

15. MAIDEN NAME Laura Hampton

16. BIRTHPLACE (city or town) ..... (State or country) Virginia

17. INFORMANT Mrs. Laura Satchell

(Address) 38 S. Bond St

18. BURIAL, CREMATION, OR REMOVAL Place National Cem. Date 1-6 1937

19. UNDERTAKER Belcher Memorial Chapel

(Address) 1218 Madison St

Filed 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably cerebral hemiplegia	

Other contributory causes of importance: Senile ?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) W. W. Wright M. D.

Coroner

(Address) 1019 E. Lanvale St.

F 30834

M. D. B 1268-9

30834 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 94-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 16-1 Ward)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Naomi Andrews Davis

(a) Residence: No. 902 W. Mulberry St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis Davis

6. DATE OF BIRTH (month, day, year) May 12 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER

13. NAME John Tyson

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Harriett Carter

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Lewis Davis
(Address) 902 W. Mulberry St

18. BURIAL, CREMATION, OR REMOVAL
Place Bal. Cem. Date Jan 10 1937

19. UNDERTAKER Leon W. Elwood & Son
(Address) 847 N. Eutaw

20. FILED JAN 6 1937 19 Theodore [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Coronary Occlusion	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. O. Callen M. D.
Coroner

(Address) 4757 N. Wash

30835 F 30835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. 18-1

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 913 Bennett Pl St., 18 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Drake

(a) Residence No. 913 Bennett Pl St., ... Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Eva Drake

6. DATE OF BIRTH (month, day, year) Dec 27, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61 41		5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nashville Tennessee

FATHER
13. NAME Benjamin Drake
14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER
15. MAIDEN NAME Kissey?
16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT Eva Drakes
(Address) 913 Bennett Place

18. BURIAL, CREMATION, OR REMOVAL
Place West Liberty, Md Date Jan 6, 1937

19. UNDERTAKER Mrs Katie R Williams
(Address) 3221 Schroeder St.

20. FILED JAN 5 - 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2 37

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 to Jan 2 1937
I last saw him alive on Jan 2 1937 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis (Pow) — Date of onset Sept 1936

Other contributory causes of importance: Arterio Sclerosis — 1935

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of No

What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, what? .....

(Signed) H. S. Crooks, M. D.

(Address) [illegible]

F 30836

30836 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward 3)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Richard Martin If U.S. Veteran specify WAR W. W.

(a) Residence: No. 603 N. Fremont Ave St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unk.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unk.

FATHER

13. NAME Unk.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Pinkney Carson
(Address) 1219 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cemetery Date Jan 7, 1937

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 S Schroeder St.

20. FILED ... Registrar

16-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-4- 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-28- 1936 to 1-4- 1937

I last saw him alive on 1-4- 1937 Death is said to have occurred on the date stated above, at 4:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Pulmonary tuberculosis	?
Other contributory causes of importance: Secondary anemia	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis Clinical + lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James D. Carr M. D.

(Address) 515 Mosher St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30837 CERTIFICATE OF DEATH 92-A F 30837

8-6

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1605 N. Bond St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ROSA REBECCA RUPP If U. S. Veteran specify WAR

(a) Residence: No. 1605 N. Bond St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John George Rupp

6. DATE OF BIRTH (month, day, year) Sept. 25. 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Wm. Henry Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME M. Ackerman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Helen Rupp (Daughter)
(Address) 1605 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Cemetery Date Jan. 6. 1937
Place 19

19. UNDERTAKER HENRY SANDER & SONS. INC. Geo. J. Sander
(Address) Baltimore & Broadway.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4. 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-16-32, 19 to 1-4, 1937

I last saw her alive on 1-4, 1937. Death is said to have occurred on the date stated above, at 8.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	1/2/37
Other contributory causes of importance:	
Aortic Regurgitation	1932

Was an operation performed? No Date of

For what disease or injury? No

Name of physician No

What test confirmed diagnosis? Clinical Signs No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) Daniel Miller, M. D.

(Address) 1500 N Broadway

V 83 C - 1937 Huntington Publishing Co.

F 30838 HEALTH DEPARTMENT—CITY OF BALTIMORE F 30838

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4311 St. Paul St. 27-11 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME LOUIS ROBERT BREEBACK

If U. S. Veteran specify WAR .....

(a) Residence: No. 4311 St. Paul St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna L. Breeback

6. DATE OF BIRTH (month, day, year) April 1.1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. DRY

10. Date deceased last worked at this occupation (month and year) 1913

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles Breeback

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna C. Ritzeus

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Anna L. Breeback (Wife)
(Address) 4311 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Jan. 8 1937

19. UNDERTAKER HENRY SANDER & SONS. INC. Geo. F. Sander
(Address) Baltimore & Broadway.

20. FILED [illegible] Registrar.

JAN 8 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 5. 1937. 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1936, to Jan 5, 1937

I last saw h[illegible] alive on Jan 4, 1937. Death is said to have occurred on the date stated above, at 7.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion + Hypertention	
Other contributory causes of importance: General Arthritis + Neuritis	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical + Clinic? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) R. P. Carman M. D.

(Address) 1701 N. Caroline St

30839 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 30839

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1026 (Street) Brantley ave (Ward) 16-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME John T. Johnson

(a) Residence: No. 1026 Brantley ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sudan Johnson

6. DATE OF BIRTH (month, day, year) Mar 5th 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56.	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common Labor.

10. Date deceased last worked at this occupation (month, day, year) 1/2/36. 11. Total time (years) spent in this occupation 2 years

12. BIRTHPLACE (city or town) (State or country) Newborn N. C. U. S.

MOTHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Sudan Johnson (Address) 1026 Brantley ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cemetery Date Jan. 7th 37

19. UNDERTAKER Mrs Chas. E. Bailey (Address) 1421 Jefferson St.

20. FILED JAN 6 - 1937 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/4th 37

22. I HEREBY CERTIFY, That I attended deceased from D. C. 10th 34 to Jan 4th 37 I last saw h[illegible] alive on Jan 4th 37 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/3/37
Other contributory causes of importance: Hypertension with Nephritis	1926 Chronic

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. T. Guerrier M. D.

(Address) 1522 N. Arlington ave

Spec.—2-29-28—L. F. S.—500 Blks.

F 30840

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30840

48

CERTIFICATE OF DEATH

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1921 Division ST. 14-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lillian Hill

(a) RESIDENCE NO. 1921 Division ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	A.A.	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of William Hill

6 DATE OF BIRTH (month, day, and year) 8/18/79

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	1879	8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lancaster Co., Virg-

PARENTS

10 NAME OF FATHER John Damelon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lancaster Co Virg

12 MAIDEN NAME OF MOTHER Sarah Roy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lancaster Co Virg

14 Informant William Hill - Husband

(Address) 1921 Division St

15 Filed JAN 6 - 1937 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/4/37

17 I HEREBY CERTIFY, That I attended deceased from 1/17, 1936, to 1/4, 1937, that I last saw her alive on 1/4, 1937, and that death occurred, on the date stated above, at 1.55 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) yrs. 4 mos. 18 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unk

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Carson C. Johnson, M. D.

19 (Address) 1802 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arbutus Mem. Park

DATE OF BURIAL Jan 7 1937

20 UNDERTAKER Chas. H. Holland

ADDRESS 31 Druid Hill Ave

30841 HEALTH DEPARTMENT—CITY OF BALTIMORE 30841

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital Registered No. 121

CITY OF BALTIMORE: (No. 1514 Druid Hill Ave St. 19-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Doris Boston If U.S. Veteran specify WAR .....

(a) Residence: No. 2134 Druid Hill Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 6 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Hillary C. Boston

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Rosa Brown

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Anna Boston

(Address) 2134 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Mem Pk Date Jan 6 37 19

19. UNDERTAKER Mr. Geo. A. Holland

(Address) 1631 Druid Hill Ave

20. Where died (Number) (Street) (City or town) Baltimore, Md

JAN 6 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-4 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-6 1936, to 1-4 1937

I last saw her alive on 1-4 1937. Death is said to have occurred on the date stated above, at 12 noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic Empyema	

Other contributory causes of importance:

Lobar Pneumonia	
Ruptured appendicitis	11-6-36

Was an operation performed? Yes Date of 1-2-37

For what disease or injury? Ruptured appendicitis & Empyema

What test confirmed diagnosis? X ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) W. Rieveschl M. D.

Address Provident Hospital

F 30842

F 30842 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3111 North Charles St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret I. Ward

If U.S. Veteran specify WAR .....

(a) Residence: No. 3111 North Charles St. Home St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard C. Ward

6. DATE OF BIRTH (month, day, year) Nov. 29, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME William Anderson

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Richard C. Ward

(Address) Rte. #3 Delta, Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Stewartstown, Pa. Date Jan. 7, 19 37

19. UNDERTAKER Joseph Mitchell & Sons

(Address) 1900 Eutaw Place, City

(Signed) ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 2nd 37 Jan 4th 37 I last saw h[illegible] alive on Jan 4th 37 Death is said to have occurred on the date stated above, at 4 [illegible] p.m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus 5 Yrs
Chronic Endocarditis 1 year
Apoplexy 4 days

Other contributory causes of importance .....

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Tumor Histo Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 ...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. Hetrick M. D.

(Address) 3201 St. Paul St. City

MAR 6 1937

Huntington [illegible] Registrar

M. D. B. 1268-9

F 30843 HEALTH DEPARTMENT—CITY OF BALTIMORE F 30843

CERTIFICATE OF DEATH

✓ 94-B

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 840 Grain Elevator St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 5 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William E. Cunabough U. S. Veteran specify WAR .....

(a) Residence: No. 429 Hale ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Cunabaugh.

6. DATE OF BIRTH (month, day, year) July 21 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer & Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 840 Elevator

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Dennis Cunabaugh

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary O'Brien

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Sara E Cunabaugh

(Address) 429 Hale ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem Date 1/8 1937

19. UNDERTAKER John J Cowan & Son

(Address) 701 Hollins St.

20. FILED ..... 19 .....

Registrar.

JAN 6 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Sudden death Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos H Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave

Filed Jan 6 1937 Edw. Jos. Pillsbury, M.D.

M. D. B 1268-9

30844 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 30844

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 4-K Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Betty Caroline Jones — If U. S. Veteran specify WAR .....

(a) Residence: No. Davidsonville Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May. 18th 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Annapolis Md. (State or country)

FATHER

13. NAME Arthur Jones

14. BIRTHPLACE (city or town) Davidsonville (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Sheppard

16. BIRTHPLACE (city or town) Harwood (State or country) Md.

17. INFORMANT Arthur Jones
(Address) Davidsonville, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Davidsonville Md. Date Jan. 7th 19 37

19. UNDERTAKER Dodd & Cook
(Address) 1005 East Baltimore St.

20. FILED JAN 8 - 1937 Huntington Fitz, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6th 19 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came
(Inquest, Autopsy or Inquiry)
her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis	
(Unclassified)	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) H. C. Carlson, M. D.
Coroner

(Address) 2757 W. North Ave

30845 F 30845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1408 N. Fulton Ave. St., 15th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ann B. Gallagher

If U. S. Veteran specify WAR

(a) Residence: No. 1408 N. Fulton Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Hugh Gallagher

6. DATE OF BIRTH (month, day, year) June 15, 1866.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	6	19 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frostburg Md.

FATHER

13. NAME Samuel Watson

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Margaret Holms

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Patrick Gallery

(Address) 1408 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Jan. 8, 19 37

19. UNDERTAKER Harry A. Mutzel

(Address) 4101 Hudson Ave.

FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/5/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 30th, 1936, to Jan 5th, 1937

I last saw h alive on Jan 5th, 1937. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Papillary adenoma of thyroid	
and Hypertensive Cardio vascular disease	

Other contributory causes of importance:

Pneumonia

Was an operation performed? none Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. P. Byerly M. D.

(Address) 3045 W North Ave

M. D. B. 1268-9

F 30846

30846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1602 Clifton Ave St. 15-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Du Val

(a) Residence: No. 1602 Clifton Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard F. DuVal

6. DATE OF BIRTH (month, day, year) Aug 20 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hanover Md

FATHER

13. NAME Leander A. Cornell

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Margaret Hann

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT Mrs. Emma Morgan

(Address) 1602 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Maryland Memorial Park Date Jan. 7, 1937

19. UNDERTAKER Harry W. Flynn

(Address) 1911 Pennsylvania Ave

FILED ... 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4 1937

22. I HEREBY CERTIFY, That I attended deceased from July 4 1935 to Jan 4 1937

I last saw her alive on Jan 3 1937 Death is said to have occurred on the date stated above, at 6 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Bronc	1935
Other contributory causes of importance:	
Pneumonia Right	6 Mo
Cardiac Arrhythmia	24 Hr

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) H. E. Hunt M. D.

(Address) 1602 Clifton Ave

M. D. B 1268-9

F 30847

F 30847 HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ 56

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. ..... Ward) 12 3

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary E. Scott

(a) Residence: No. 343 E. 30th. St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 29, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34 35	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salto, Md.

FATHER

13. NAME David F. Scott

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Annie E. Elliott

16. BIRTHPLACE (city or town) (State or country) Salto, Md.

17. INFORMANT Miss Annie E. Scott

(Address) 343 E. 30th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Jan 7- 1937

19. UNDERTAKER Chas. F. Kraus & Son

(Address) 118 W. Mt. Royal Ave.

20. FILED JAN 6 - 1937 19 E. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Endocarditis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. K. Mullen, M. D.
Coroner

(Address) 1737 N. Monroe

F 30848

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30848

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 813 Greenmount Avenue St., 10-7 Ward)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME MINNIE PHILOMENA McDERMOTT

(a) Residence: No. 813 Greenmount Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward B. McDermott

6. DATE OF BIRTH (month, day, year) Apr. 21, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (none)

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME William Meyers

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Hattie Bambaster

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Mr. Edward Bernard McDermott
(Address) 813 Greenmount Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Jan. 7 1937

19. UNDERTAKER Chas. H. Fraud & Son
(Address) 118 W. Mt. Royal ave

20. FILED ..... 19..... [illegible] Registrar.

NO - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 1936 to Jan 4 1937

I last saw h.. alive on Jan 4 1937. Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Chronic myocarditis	
(2) Lobar Pneumonia	

Other contributory causes of importance:

(1) Acute myocarditis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? [illegible] Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Charles L. Tendler M. D.

(Address) 1220 Linden Ave

✓ F 30849

M. D. B 1268-9

30849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 728 E Pratt St 4-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Floerpsch, Landis

(a) Residence: No. 728 E Pratt St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	unknown

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Mem. Pk. Date Dec 30 1936

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED 19 ... By ... Registrar

N 6-1937 2880

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26. 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? C. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Dec 16 1936

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Residence

Manner of injury Turned on gas (Gas)

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Elmer B. Waldbaum M. D.
Coroner

(Address) 1031 St Paul St

M. D. B 1268-9

✓ F 30850

30850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 48 Market Place St., 4-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. 48 Market Place St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0067

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Johns Hopkins Med. Sch. Date Jan 6 1937

Commissioner of Health

Per H. A. Moore

19. UNDERTAKER

(Address)

20. FILED JAN 7 1937 Registrar 2873

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Senility	

Other contributory causes of importance: C. Vas. Renal D.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Cl Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Wm. B. Miller M. D.

Coroner

(Address) 1031 St. Paul St

30851 ✓ F 30851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 19367

34-9-131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts., St. 7-3 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lillian Pfeiffer

(a) Residence: No. 514 N. Patterson Pk, Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-8-1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
36	37	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Herman Pfeiffer

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Bach

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION OR REMOVAL Place Oak Lawn Cem. Date Jan. 6 19 37

19. UNDERTAKER C. Miller & Son
(Address) 2334 Jefferson St.

20. FILED 1-6 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-3, 1937

22. I HEREBY CERTIFY That I attended deceased from 12-29, 1936 to 1-3, 1937

I last saw her alive on 1-3, 1937 Death is said to have occurred on the date stated above, at 4:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension with Cardio-Vascular Renal Disease	Heart 1 yr

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was illness or injury in any way related to occupation of deceased? No If so, specify

(Signed) John T Ramsey M. D.

(Address) Baltimore City Hosp.

VS 3

M. D. B 1268-9

✓ F 30852

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30852

54-D

CERTIFICATE OF DEATH

1. PLACE OF DEATH 543 W. Biddle St.

CITY OF BALTIMORE: (No. ..... St., 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Reed

(a) Residence: No. 543 W. Biddle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Reed

6. DATE OF BIRTH (month, day, year) Oct 19 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk Va.

MOTHER

13. NAME Lina Wiggins

FATHER

14. BIRTHPLACE (city or town) (State or country) Portland Md.

MOTHER

15. MAIDEN NAME Mary Portland

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Willie Wiggins

(Address) 1309 Ethington St

18. BURIAL, CREMATION, OR REMOVAL Mt Auburn Cemetery Date June 1936

19. UNDERTAKER Adolphus Hahn

(Address) 918 Bloom Portland

20. FILED ..... 19 ..... Registrar.

6-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above. about 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor of uterus	
Kind Hemorrhage	

Other contributory causes of importance? Hemorrhage

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Harry Caraway M. D.

Coroner

(Address) 1216 Hanover

OCCUPATION is very important. See instructions on back of certificate.

F 30853

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30853

CERTIFICATE OF DEATH

54-D

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Eckenrode

Was in War Dept

(a) Residence: No. Carrolltown Pa. St., ... Ward. Pa.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/10/91

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45		25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rail Road Firemen

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Henry Eckenrode

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME ? ?

16. BIRTHPLACE (city or town) (State or country) ? ?

17. INFORMANT Records.

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Altoona Pa Date June, 1937

19. UNDERTAKER Geo M. Funkhouser

(Address) 811 Kessler Pl

20. FILED JAN 6 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan - 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec - 28, 1936 to Jan - 5, 1937

I last saw him alive on Jan - 5, 1937. Death is said to have occurred on the date stated above, at 11 15 P M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor - benign; streptococcus infection	

Other contributory causes of importance:

Was an operation performed? yes Date of Dec 28, 1936

For what disease or injury? Brain tumor

What test confirmed diagnosis? operation Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James Monroe Mason III M. D.

(Address) Johns Hopkins Hospital

M. D. B 1268-9

F 30854

30854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 210-8

1. PLACE OF DEATH—South Baltimore Gen Hosp

CITY OF BALTIMORE: (No.) St., 24 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Patrick H. Carahen

If U. S. Veteran specify WAR

(a) Residence: No. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Cook Carahen

6. DATE OF BIRTH (month, day, year) about 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicago Ill.

FATHER

13. NAME Patrick H Carahen

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Higgins

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Bernard Carahen

(Address) Orchard Beach Md.

18. BURIAL, CREMATION, OR REMOVAL Place Chicago Ill Date Jan 6 1937

19. UNDERTAKER Stewart & Company

(Address) Undertakers.

20. FILED 19 Registrar.

Jan 6 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-5- 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal	
Contributory me C	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner, M. D.

(Address)

M. D. B 1268-9

THE MORGUE Year #1 ✓ F 30855

HEALTH DEPARTMENT—CITY OF BALTIMORE

30855

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. ..... St. 14-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Benjamin Kennedy

(a) Residence: No. 2011-3d ave St. Fort City Ward. Pa

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	DK

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of DK.

6. DATE OF BIRTH (month, day, year) DK

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort City Pa

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Provident Hosp

(Address) Balto City

18. BURIAL, CREMATION, OR REMOVAL

Place Greenlawn Cemetery Date Jan. 6, 1937

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

19. Filed ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-8, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fire shock	

Other contributory causes of importance:

Was an operation performed? Yes Date of 12-6-36

For what disease or injury? Fire shock

Name of operation Hepburne Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 12/6 1936

Where did injury occur? 2011 3rd Ave Fort Blvd City (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Asylum

Manner of injury Burned by acid while mixing

Nature of injury Burns of abdomen

24. Was disease or injury in any way related to occupation of deceased? No

If so specify

(Signed) Hubert Bentley Auld M. D. Coroner

(Address) 702 N Arlington

OCCUPATION is very important. See instructions on back of certificate.

6-1937

F 30856

HEALTH DEPARTMENT—CITY OF BALTIMORE

30856

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH — Provident Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Mary Louise Wilson

If U.S. Veteran specify WAR ....

(a) Residence: No. 2526 McCulloh St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John J. Wilson

6. DATE OF BIRTH (month, day, year) June 6 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic service

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) St. Mary's Co Md

FATHER

13. NAME Unk.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT George Bush (Address) 2526 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Cem. Date Jan. 8 1937

19. UNDERTAKER Chas. H. Alexander (Address) 1200 McCulloh St

6-1937 Filed

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1. 4. 1937

22. I HEREBY CERTIFY, That I attended deceased from 12. 30. 1936 to 1. 4. 1937

I last saw her alive on 1. 4. 1937 Death is said to have occurred on the date stated above, at 2.30 p m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset 12. 30.

Other contributory causes of importance:

Coma

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What was confirmed diagnosis Clinical? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

Signed) James D. Carr M. D.

(Address) 515 Mosher St

M. D. B 1268-9

(Turner)

F 30857

30857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St. 16-2 Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Iona Turner (Lillian) If U. S. Veteran specify WAR .....

(a) Residence: No. 923 Whiteford St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
about	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Portsmouth (State or country) Maryland

FATHER

13. NAME (Mr.) Lewis

14. BIRTHPLACE (city or town) Unknown (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) " (State or country) "

17. INFORMANT Will Turner

(Address) 923 Whiteford St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Jan [illegible] 1937

19. UNDERTAKER Chas Alexander

(Address) 1200-02 Eutaw St

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
cerebral apoplexy	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) H. Mc[illegible] M. D.
Coroner

(Address) 1010 S. Calhoun Ave

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

F 30858

30858

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a 15303

Registered No. 156

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Carrie Nickels

(a) Residence: No. 1820 Dukeland Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 3-29-1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Ralph Usninger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Baltimore Cem Date Jan 9 1937

19. UNDERTAKER Rhenow Eddy
(Address) 3615 Eastern Ave

20. FILED 1-9 1937, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-6-1937

22. I HEREBY CERTIFY, That I attended deceased from 7-22-1936 to 1-6-1937

I last saw her alive on 1-6-1937 Death is said to have occurred on the date stated above, at 12:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	8 days
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) John F Ramey, M. D.

(Address) Baltimore City

1-9-1937

H

M. D. B 1268-9

✓ F 30859

30859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md General Hosp (Ward) 13-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Georgetta Wheeler

(a) Residence: No. 3021 Keswick Road Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stephen Wheeler

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Straker

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lennis ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Alice Wheeler

(Address) 3405 Greenway

18. BURIAL, CREMATION, OR REMOVAL

Place Evergreen Date Jan 7. 1937

19. UNDERTAKER H. Thomas & Son

(Address) 3615 Pasteur Ave.

20. FILED Jan 7 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 10:45 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Right Shoulder	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12-26. 1936

Where did injury occur? 3021 Keswick Rd, Balto (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury Fell out of bed

Nature of injury abrasion

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Ham Cramer M.D. Coroner

(Address) .....

M. D. B 1268-9

✓ F 30860

30860

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

216-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Mc Clintock.

(a) Residence: No. Glasgow, England. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) January 6, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman Stmr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blair Nevis.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glasgow, Scotland.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT John Mc Clintock. (brother)
(Address) 11rt Alwood Rd. Phila. Pa.

18. BURIAL, CREMATION, OR REMOVAL
Place Meadowridge Date Jan 10 1937

19. UNDERTAKER Thos J. Kemp
(Address) 1620 Baltimore St

20. Filed JAN 6-1937 Hunter for Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4, 1937 .19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral injury	
Fracture of the skull	
Automobile accident	1/1/37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 1/1/37 .19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Pennington Ave & Ordinance Rd.

Manner of injury Struck by Police Auto

Nature of injury while walking on road.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto M Reinhardt M. D.
Coroner

1/5/37 Address 1017 S. Charles St.

OCCUPATION IS VERY important. See instructions at back of certificate.

M. D. P. 1268-9

F 30861

30861 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-a

Registered No. 26-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3504 Gough St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eunice O. Peregoy

(a) Residence: No. 3504 Gough St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 20, 1924

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elton Md.

FATHER

13. NAME Joseph Peregoy

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eunice Muir

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Joseph Peregoy
(Address) 3504 Gough St.

18. BURIAL, CREMATION, OR REMOVAL
Place Moore Cem. Md. Date Jan 9 1937

19. UNDERTAKER Hellenry & Co.
(Address) Baltimore Md.

6-1937 Removed to Pine Ridge Cem. Richmond, Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936 to Jan 6, 1937

I last saw her alive on Jan 5, 1937. Death is said to have occurred on the date stated above, at 7:45 A.m.

The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia — Date of onset Jan 1937

Other contributory causes of importance:

Appendicitis — Jan 1937

Name of operation Tonsilectomy Date of Jan 1937

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Albert Howard M. D.

(Address) 14-A Wilkens Ave

F 30862

30862 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

122-D

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida May Richardson

If U.S. Veteran specify WAR ...

(a) Residence: No. 505 North Pine St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 2, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Cora Daniels

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Lena Richardson

(Address) 505 N Pine St

18. BURIAL, CREMATION, OR REMOVAL

Place Parmalee, N.C. Date Jan 6, 1937

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N Schroeder St

FILED 6 - 1937 Huntington Titus Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 27, 1936 to January 3, 1936

I last saw her alive on January 3, 1937 Death is said to have occurred on the date stated above, at 6.40 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	
Pneumococcus Peritonitis	Dec. 26 37
Intestinal Obstruction	

Other contributory causes of importance:

Was an operation performed? Yes Date of December 27 1937

For what disease or injury? Intestinal Obstruction Peritonitis

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Gibson J. Wells M. D.

(Address) University Hospital

M. D. B. 1268-9

F 30863

F 30863 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 27 Garrison Blvd. 15-8 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Flora Fern Hebert

(a) Residence: No. 27 Garrison Blvd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rev. N. G. Hebert

6. DATE OF BIRTH (month, day, year) March 13-1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Lafayette Co. Miss.

FATHER

13. NAME James Hebert

14. BIRTHPLACE (city or town) (State or country) Lafayette Co. Miss.

MOTHER

15. MAIDEN NAME Louisa Fatio

16. BIRTHPLACE (city or town) (State or country) Lafayette Co. Miss.

17. INFORMANT Mrs. H. Fern Hebert
(Address) 27 Garrison Blvd

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemetery Date Jan 7th 1937

19. UNDERTAKER Wm. H. Wyse & Son, Inc.
(Address) 1101 Edmondson Ave.

20. FILED JAN 7 1937 Registrar.

D-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1936 to Jan 4 1937

I last saw her alive on Jan 4 1937. Death is said to have occurred on the date stated above, at 1:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 mo.
Other contributory causes of importance:	
arterio-sclerosis	5 yrs

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No (Yes) If so, specify ...

(Signed) J. Frederick Love, M. D.

(Address) Temple Garage

LETTER

30864 F 30864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH — 1922 Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-11 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Anderson — If U. S. Veteran specify WAR

(a) Residence: No. 510 S. Bouldin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-4-1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Richard Anderson

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Taylor

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Jan 9. 1937

19. UNDERTAKER C. McClellan & Son
(Address) 2334 Jefferson St

20. FILED 1-9-1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 — 6 , 1937

22. I HEREBY CERTIFY, That I attended deceased from 1 — 1 , 1937 to 1 — 6 , 1937

I last saw h. 1M alive on 1 - 6 , 1937 Death is said to have occurred on the date stated above, at 4:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4 dar
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No (If so specify)

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hospitals

✓ F 30865

30865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 837 N. Montford Ave. 7-W Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Francis Stenzel

If U.S. Veteran specify WAR .....

(a) Residence: No. 837 N. Montford Ave. St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Stenzel

6. DATE OF BIRTH (month, day, year) Nov. 29—1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	1	7 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ida Stenzel
(Address) 825 N. Montford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date Jan. 8 19 37

19. UNDERTAKER C. Miller & Son
(Address) 2334 Jefferson St.

20. FILED 1-8-1937 Thurston [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 . 1936 to Jan. 5 . 1937
I last saw h[illegible] alive on Jan 4 1937 Death is said to have occurred on the date stated above, at 8 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Dec 27 1936

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? ✓

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of Injury ..... 19 .....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ✓

(Signed) Joseph Pokorny M. D.

(Address) 2200 E Madison St

✓ F 30866

30866 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH Edmondson Co-94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 Edmonson ave. | 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lucy Crump

(a) Residence: No. 1107 Edmonson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) 8/15/1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) King & Queene Co (State or country) Va

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) Va (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) Va (State or country)

17. INFORMANT John Crump (Address) 1107 Edmonson ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date 1/8 1937

19. UNDERTAKER Mrs A Jackson (Address) 916 Pennsylvania ave

6-1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/4 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4th. 37 19 to Jan. 4th. 37 19

I last saw her alive on Jan. 4th. 37 Death is said to have occurred on the date stated above, at 2;30 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset Jan. 4th. 1937

Other contributory causes of importance:

Arteriosclerosis
Abt 1 years duration

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physical Exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) Walter J. Jackson M. D.

(Address) 1631 W. Franklin st

M. D. B 1268-9

✓ F 30867

30867

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 Madison Ave Ward) 11-H

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Henry Albert (Aldridge) If U. S. Veteran specify WAR .....

(a) Residence: No. 1007 Madison Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~

6. DATE OF BIRTH (month, day, year) ? 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	about 68	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 60 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St Mary's County (State or country) Md

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) unk (State or country)

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) unk (State or country)

17. INFORMANT Mrs Alice Brady (Address) 335 N Dolphin St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 1/7 1937

19. UNDERTAKER Wm A Jackson (Address) 26 Eutaw Pl

1937 FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 4 , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	1/4/37
Other contributory causes of importance: Myocarditis Senile	about June 1935

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis Necropsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George S. Allen Coroner M. D.

(Address) 50 Pinequite St.

✓ F 30868

30868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred FRANK G. 57 yrs. 8 mos. 26 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fred Handler. If U.S Veteran specify WAR ....

(a) Residence: No. 3247 Normanst. Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Handler

6. DATE OF BIRTH (month, day, year) Apr 9 - 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Power

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John. Handler

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Elizabeth Reynolds

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Katherine Handler
(Address) 3247 Normanst. Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk Date 1/7 1937

19. UNDERTAKER Mary A. Gaw Thorpe
(Address) 2539 Raynes

6-1937 Huntington Texas, M.C.

14 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-5 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1937 to Jan 5 1937

I last saw h.. alive on Jan 5, 1937 Death is said to have occurred on the date stated above, at 4.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis -	Jan 1, '37
Cardiac Decompensation -	
Chronic Bronchitis + Emphysema.	
Other contributory causes of importance:	
Pulmonary Oedema.	

Was an operation performed? — Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Schofield, M. D.

(Address) University Hospital

M. D. H. 6268-9

30869

✓ F 30869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 175

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Fallsway & Fleet St. St. 96-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ~~mos.~~ ~~ds.~~ How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR

2. FULL NAME Mabel Frye.

(a) Residence: No. 6703 Youngstown Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~XXXXXXXXXXXX~~ ~~XXXXXXXXXX~~ (or) WIFE of Le Roy Frye.

6. DATE OF BIRTH (month, day, year) April 21, 1912

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
24	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburg, Pa.

FATHER

13. NAME Edwin M. Mylin.

14. BIRTHPLACE (city or town) (State or country) Lancaster Co. Pa.

MOTHER

15. MAIDEN NAME Margaret Mc Intee.

16. BIRTHPLACE (city or town) (State or country) Scotdale, Pa.

17. INFORMANT Edwin M. Mylin. (father)

(Address) Aliquippa, Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Jan 7 19 37

19. UNDERTAKER Lilly & Zuller Inc.

(Address) 403 S. Gay St.

FILED JAN 6 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held ~~XXXXXXXXXXXX~~ inquest & autopsy (Inquest, Autopsy or Inquiry) and from the evidence obtained ~~XXXXXXXXXXXX~~ inquest & autopsy. (Inquest, Autopsy or Inquiry) that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquest & autopsy Was autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 1/4/37 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place E. Falls Ave & Fleet St.

Manner of Injury

Nature of Injury Automobile driven Overboard

24. Was disease or injury in any way related to occupation of deceased? How specify

(Signed) Otto M. Reinhardt M. D. Coroner

1/6/37 (Address) 1017 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

F 30870

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30870

CERTIFICATE OF DEATH

127

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNION MEMORIAL HOSPITAL Ward 9-2

Length of residence in city or town where death occurred 7 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME LESTER RAYMOND NELSON No War Record

(a) Residence: No. 1204 ARGONNE DRIVE Ward. CITY

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of MRS. LESTER NELSON

6. DATE OF BIRTH (month, day, year) MAY-21-1894

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
42	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. FOREMAN

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MILL

10. Date deceased last worked at this occupation (month and year) 12/24/36

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) WISCONSIN Chicago Ill

FATHER

13. NAME Christ M. Nelson

14. BIRTHPLACE (city or town) (State or country) Racine Wis

MOTHER

15. MAIDEN NAME Mary L. Hanson

16. BIRTHPLACE (city or town) (State or country) Chicago Ill

17. INFORMANT Raymond M. Nelson
(Address) 1204 Argonne Drive

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 1/8 37

19. UNDERTAKER Welborn Cook
(Address) 1214 E. Fayette St

20. FILED 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 6 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/30 1936 to 1/6 1937

I last saw him alive on 1/6 1937 Death is said to have occurred on the date stated above, at 5 50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
MYOCARDIAL FAILURE	1/5/37
ACUTE CHOLECYSTITIS	12/24/36
WOUND INFECTION	1/4/37
ACUTE HEPATITIS	1/4/37
Other contributory causes of importance:	
POST-OPERATIVE PSYCHOSIS	1/4/37

Was an operation performed? YES Date of 12/30/36

For what disease or injury? ACUTE CHOLECYSTITIS

What test confirmed diagnosis? LAB Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify NO

(Signed) S.D. Sunday M. D.

(Address) Union Memorial Hospital

30871 HEALTH DEPARTMENT—CITY OF BALTIMORE F 30871

CERTIFICATE OF DEATH

106-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1733 Guilford Ave St., 42-5 Ward)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ella M Mathewman If U.S. Vet. specify WAR No Record

(a) Residence: No. 1733 Guilford Ave St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas A. Mathewman

6. DATE OF BIRTH (month, day, year) 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Delaware

FATHER

13. NAME John Carswell

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Mary Scott

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Lozier L Mathewman (Address) 1733 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 1/7/37

19. UNDERTAKER J McCord & Co (Address) 1217 E Fayette St, Balto, Md

Registrar

1-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from several years 19 .. to Jan 5, 1937.

I last saw her alive on December 18, 1936. Death is said to have occurred on the date stated above, at 3:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	
Arterio Sclerosis	
Old age	
Other contributory causes of importance:	
Hemorrhage (Cause)	Jan 5/37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? .....

(Signed) Reginald D Tonry M. D.

(Address) 1742 Hoath Ave

F 30872

F 30872 HEALTH DEPARTMENT—CITY OF BALTIMORE

17686

CERTIFICATE OF DEATH

89a

Registered No. 7710

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Galloway

(a) Residence: No. 609 Glenwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-4-36

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Albert Galloway

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Edith Clopper

16. BIRTHPLACE (city or town) (State or country) ~~Md.~~ Penn

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Mossland Cem. Date Jan 8th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-5 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-17 1936 to 1-5 1937

I last saw h[illegible] alive on 1-5 1937 Death is said to have occurred on the date stated above, at 6 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea	10-11-36
Otitis Media	12-15-36

Other contributory causes of importance:

Was an operation performed? Yes Date of 12-21-36

For what disease or injury? Mastoiditis

Name of operation Mastoidectomy

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R B Josey M. D.

(Address) Balto City Hospitals

1-7-1937 [illegible]

F 30873 F 30873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

19924

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St. 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME James Koffenberger

(a) Residence: No. 1212 N. Curley St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) 12-25-1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mail Printing Co Cards

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation 1936

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Augustus Godfrey Koffenberger

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Agnes Borgan

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan 7th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar

JAN 7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-4 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-1 1937 to 1-4 1937

I last saw h.i.m alive on 1-4 1937 Death is said to have occurred on the date stated above, at 5:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Tb bronchopneumonia (Primary)	4 days
Other contributory causes of importance:	
Subacute Glomerular Nephritis with uremia	1 yr. 6 mos.

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) John H Ramsey M. D.

(Address) Baltimore City Hospitals

30874 HEALTH DEPARTMENT—CITY OF BALTIMORE F 30874

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2912 Dillon St. 1-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John H. Evard

If U.S. Veteran specify WAR No Record

(a) Residence: No. 2912 Dillon St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE~~ of Elizabeth E. Evard

6. DATE OF BIRTH (month, day, year) Aug 17th 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Robt B. Evard

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Hines

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Elizabeth Evard
(Address) 2912 Dillon St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Jan 8th 1937

19. UNDERTAKER Wm Cook
(Address) 1219 St Paul

20. FILED ... 19 ... Registrar.

N 7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5th, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1936 to Jan 5th, 1937

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	

Other contributory causes of importance:

Was an operation performed? Yes Date of ...

For what disease or injury? Carcinoma of stomach

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. Joseph Tourney M. D.

(Address) 441 S. Elliott Ave

M 30875

F 30875

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 563 Oxford St. 17-K Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Sykes

(a) Residence: No. 563 Oxford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widower

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of: Alexandra

6. DATE OF BIRTH (month, day, year): 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT: Nellie Young
(Address) 563 Oxford St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date 1/9/37

19. UNDERTAKER: Wm. J. Jackson & Co.
(Address) 1116 Penna Ave

20. FILED ..... 19.. Registrar

R 7 - 1537

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4 1936, to Jan 4, 1937. I last saw her alive on Jan 2, 1937. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	2 years

Other contributory causes of importance: None

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. C. Pelletheimer, M. D.

(Address) 817 Hamilton Ter

AACo. 5-31 250B

F 30876

HEALTH DEPARTMENT—CITY OF BALTIMORE

30876

CERTIFICATE OF DEATH

94-W

15-10

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4012 Belle Avenue, ... Ward)

Length of residence in city or town where death occurred 68 yrs. 10 mos. 4 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles H. Rhine

(a) Residence: No. 4012 Belle Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE~~ of Minnie S. Rhine

6. DATE OF BIRTH (month, day, year) March 1st 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	68	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt Delivery
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept Store
10. Date deceased last worked at this occupation (month and year) May 1936
11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Luther Rhine
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Caroline Mathison
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Minnie S. Rhine
(Address) 4012 Belle Avenue.

18. BURIAL, CREMATION, OR REMOVAL.
Place Woodlawn Cem. Date Jan 8th, 19 36

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED Jan 7 1937, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5th, 1937.

22. I HEREBY CERTIFY, That I attended deceased from October 10, 195, to Jan 5th, 1937.
I last saw him alive on Jan 5, 1937. death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Other contributory causes of importance:	
Angina Pectoris	
Vasomotonia	1936

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herbert E. Zepp, M. D.
(Address) 3048 N. Howard Av.

F 30877

M. D. B 1268-9

30877 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (Ward)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Carroll Dunbar Phillips.

(a) Residence: No. 3007 Clifton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of Ruby S. Phillips.

6. DATE OF BIRTH (month, day, year) October 13, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

FATHER

13. NAME Charles T. Phillips.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Jessie C. Odell.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Ruthe S. Phillips. (wife)
(Address) 3007 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Name Mt. Parran Balto Co. Md. Date Jan 7 1937

19. UNDERTAKER Wolfram & Feather Inc
(Address) Forest & Penna Aves

20. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the Skull	
Automobile accident	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquest & autopsy Autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Jany 1/37

Where did injury occur? Annapolis Rd. Co. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury In collision with

Nature of injury Another Auto

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto H. Reinhardt M. D.
Coroner

1/6/37 (Address) 1017 S. Charles St.

OCCUPATION IS very important. See instructions on back of certificate.

14784

30878 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 30878 D

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 77-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John M. Kerr

If U. S. Veteran specify WAR .....

(a) Residence: No. 522 Hanover St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-23-1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Job M.

14. BIRTHPLACE (city or town) (State or country) N. J.

MOTHER

15. MAIDEN NAME Nancy Shutz

16. BIRTHPLACE (city or town) (State or country) N. J.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Baltimore Cemetery Date Jan. 8 1937

19. UNDERTAKER Henry Hoen & Sons Inc

(Address) 1301 E Eager St

JAN 7 - 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-6-1937

22. I HEREBY CERTIFY, That I attended deceased from 2-6-1933 to 1-6-1937

I last saw him alive on 1-6-1937 Death is said to have occurred on the date stated above, at Found dead in bed.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-6-37
Other contributory causes of importance: Hypertensive Cardio-vascular Renal Disease	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospitals

30879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30879

34-94-13

42-6

1. PLACE OF DEATH U.S. Marine Hospital,

CITY OF BALTIMORE: (No. Baltimore, Maryland St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos., ds.

2. FULL NAME Will Lawrence

If U.S. Veteran specify WAR --

(a) Residence No. Whitestone, Va. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Lawrence

6. DATE OF BIRTH (month, day, year) June 18, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman 0096

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant Seaman

10. Date deceased last worked at this occupation (month and year) 10-14-36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Princess Anne Md.

FATHER

13. NAME Henry Lawrence

14. BIRTHPLACE (city or town) (State or country) Surry County Va.

MOTHER

15. MAIDEN NAME Agnes Johnson

16. BIRTHPLACE (city or town) (State or country) Surry County Va.

17. INFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date Jan. 7, 1937

19. UNDERTAKER E. Leroy Stubbles, Inc.

(Address) 5 E. North Ave.

FILED 19 Registrar

Huntington Tuttle, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 17, 1936, to January 5, 1937

I last saw him alive on January 5, 1937 Death is said to have occurred on the date stated above, at 9:05a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis, tertiary, cardiovascular Unkn.	
Coronary thrombosis	
Other contributory causes of importance:	
	65
	Y.
	Y

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. M. Anderson, M. D.

(Address) U.S. Marine Hospital

AACo. 5-11 250B

30880 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 30880

CERTIFICATE OF DEATH

93-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4303 Rugby Rd - Guilford St., 37-41 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Margaret W Lynn

(a) Residence: No. 4303 Rugby Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Lynn

6. DATE OF BIRTH (month, day, year) June 2 - 1861

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	75	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Frederick Dany

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Augusta Gollhardt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Frank Lynn

(Address) 4303 Rugby Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Monistown Mass - 12/8/37

19. UNDERTAKER Jos. Weber & Son

(Address) 2503 Edmondson Ave

20. FILED N 7 - 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1930, 19..., to Jan 6, 1937

I last saw h[illegible] alive on Jan 5 1937 death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure & Edema	
Chronic arterial hypertension	
Senility many years	

Other contributory causes of importance:

Arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Carroll Packard, M. D.

(Address) 42 Preston St

F 30881

M. D. B 1268-9

F 30881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 186-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE (Co.) Balto City Hospital St. 21-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Stark
If U. S. Veteran specify WAR no

(a) Residence: No. 923-S.Fremont Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) 8/21/1875

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
61	4	15	XXXXX

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry J. Stark

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary A. Henze

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary E. Mrs. Grace F
(Address) 1315-N.Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date 1/8/37. 19

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1705-Harford Ave.

20. FILED JAN 7 - 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Cerebral Compression & meningitis (Traumatic)	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or ho[mi]cide Date of injury Dec 31, 1936

Where did injury occur? Balto md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Salvation Army home 923 S. Fremont Ave.

Manner of injury Fall to concrete floor

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) N. W. Wright M. D.

(Address) 1010 S. Ellwood Ave

OCCUPATION is very important. See instructions on back of certificate.

30882

F 30882

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 12-b Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Hughes

If U. S. Veteran specify WAR W. W.

(a) Residence: No. 1718 Latrobe St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

FATHER

13. NAME John Hughes

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Dorsey

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Margaret Jones

(Address) 1701 Latrobe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Date Jan 7 '37

19. UNDERTAKER Mrs. Geo. H. Holland

(Address) 1631 Lemmon Hill Ave

20. FILED JAN 7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/5, 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry)

to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Bruises & Cut Sores Head, face & neck	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 1/5, 1937

Where did injury occur? Bare to Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Beaten by glass, fists & stones

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Orin B Wallace M. D.

Coroner

(Address) 1031 St Paul

OCCUPATION is very important. See instructions on back of certificate.

F 30883 HEALTH DEPARTMENT—CITY OF BALTIMORE F 30883

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2242 W. Wallar St. 6-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in City or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Mary Watts
(a) Residence: No. 2242 W. Wallar St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Col.
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced WIFE of: Jessie Watts
6. DATE OF BIRTH (month, day, year): Exact Date Unknown
7. AGE: Years: Yrsy 54; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore. Md.

FATHER
13. NAME: Charles Gibson
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Jessie Watts 2242 W. Wallar St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Jan. 7 1937

19. UNDERTAKER (Address): Robert L. Bowers 804 W. Lafayette St

20. FILED JAN 7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 4, 1937

22. I HEREBY CERTIFY That I attended deceased from Nov 1936 to Jan 4 1937
I last saw h.. alive on Jan 3 1937 Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	Nov 1935
Chr. Parenchymatous Nephritis	Nov. 1935
Generalized Anasarca and Hypertension	
Pulmonary Oedema	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? Physical & Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) R. J. Young M.D.
(Address) 1429 E. Monument St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-F 30884

30884

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 N. Lanvale St. 11-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Evangeline (Aldexine) Bourew

(a) Residence: No. 1519 N. Lanvale St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced (or) WIFE of: Richard Bourew.

6. DATE OF BIRTH (month, day, year): April 24 1882

7. AGE: Years 54 | Months 8 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Henry Aldexine

14. BIRTHPLACE (city or town) (State or country): " " "

MOTHER

15. MAIDEN NAME: Harriett Parker

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT (Address): Mary Credit (Sister) 1519 N. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL: Cedar Hill Memorial Park 1/8 1937

19. UNDERTAKER (Address): Robert Young 804 N. Caroline St

20. FILED: Jan 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 5 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/21/36 to 1/5/37 1937

I last saw her alive on 1/5/37 1937. Death is said to have occurred on the date stated above, at 4.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardeter	1934

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Hartkey M. D.

(Address) 1600 Eutaw St

JAN 7 - 1937

M. D. B 1268-9

F 30885 HEALTH DEPARTMENT—CITY OF BALTIMORE F 30885

CERTIFICATE OF DEATH

173

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jack Frost or Stile Jones If U. S. Veteran specify WAR .....

(a) Residence: No. 915 Argyle Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
31	30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) S.C.

FATHER

13. NAME Peter Frost

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT David Frost (Address) 1627 Miller St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Date Jan 7, 1937

19. UNDERTAKER Mrs Katie R. Williams (Address) 322 N Schroeder St.

20. FILED JAN 7 - 1937 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1, 1937 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry) His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot Wound of Abdomen	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury Jan. 1, 1937 19 .....
Where did injury occur? 915 Argyle Ave Balto.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Shot
Nature of injury Wound of Abdomen

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. K. C. Nelson M. D.
Coroner
(Address) 225 W Ross St

OCCUPATION is very important. See instructions on back of certificate.

30886 E 30886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1072 V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Griffin

If U.S. Veteran specify WAR .....

(a) Residence: No. 554 McMechen St., Ward. ET

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 4/21/36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Robert Reed

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Eleanor

16. BIRTHPLACE (city or town) (State or country) Md. Va.

17. INFORMANT Eleanor Griffin

(Address) 554 McMechen St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 1/9 37

19. UNDERTAKER Thomas Lykens Sons

(Address) 503 Preston St.

20. FILED JAN 7 - 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1937 to Jan. 6, 1937

I last saw him alive on Jan. 6, 1937 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral bronchopneumonia	Dec 27
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Nathan Davidson M. D.

(Address) University Hospital

M. D. B 1268-9

F 30887

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30887

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore Hospital 210-M Registered No.

CITY OF BALTIMORE: (No.) St. 15-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George A. F. Kissner If U. S. Veteran specify WAR

(a) Residence: No. 608 Glenwood Ave St. Balto Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 20 - 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mfg Presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 28

10. Date deceased last worked at this occupation (month and year) 1-2-1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Kissner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Fischer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs A Katherine Jaeckel

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Edmondson Date 1-8 1937

19. UNDERTAKER Geo. H. Little

(Address) 700 Edmondson Ave

20) FILED 1-8-1937 Huntington Pratt Registrar

MEDICAL CERTIFICATE OF DEATH 103

21. DATE OF DEATH (month, day, year) 1-5- 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Chest	1-3-37
c Hemithorax	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 1-3 1937

Where did injury occur? Franklin & Eutaw Sts

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by Auto in Street

Nature of injury Crushing Chest

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hudson Taylor Coult M. D.

Coroner

(Address) 700 Edmondson Ave

OCCUPATION IS VERY Important. See instructions on back

30888 HEALTH DEPARTMENT—CITY OF BALTIMORE 30888

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Hunter

(a) Residence: No. 1908 N. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 12 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shop Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Transit Co

10. Date deceased last worked at this occupation (month and year) Dec 1936

11. Total time (years) spent in this occupation 7 4/12

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward A. Hunter

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Elizabeth Rogers

16. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

17. INFORMANT Mrs Elizabeth Hunter
(Address) 1908 N North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Jan 9 1937

19. UNDERTAKER Geo W Little
(Address) 2390 Edmondson Ave

20. FILED JAN 7 1937 19...
Registrar.

Huntington Printing Co., Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1936 to Jan 6 1937.

I last saw h— alive on Jan 6 1937. Death is said to have occurred on the date stated above, at 4 41/A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Inguinal Hernia c intestinal Obstruction	2 Wks
Other contributory causes of importance:	
a Uremia	2 days

Was an operation performed? yes Date of

For what disease or injury? Incarcerated inguinal hernia

What test confirmed diagnosis? Operation Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank R Stephenson M. D.

(Address) St Joseph's Hospital

Dr Van Williams 3200 Sequoia Ave

30889

30889 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1638 Braddish Ave Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Jules Malfregeot

If U.S. Veteran specify WAR No Record

(a) Residence: No. 1638 Braddish Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Jules Malfregeot

6. DATE OF BIRTH (month, day, year) March 2nd 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Windows Glass Blower

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (city or town) (State or country) France

FATHER

13. NAME Jean Malfregeot

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT August A. Malfregeot 2203 Hamilton Ave Clarksburg W. Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cemetery Baltimore Md Date Jan 7th 1937

19. UNDERTAKER Wm Cook (Address) 1217 E. Paul St

20. FILED JAN 7 - 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1937 to Jan 6 1937

I last saw him alive on Jan 6 1937 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia acute — Date of onset 1-1-37

Other contributory causes of importance: Myocarditis chronic

Was an operation performed? no Date of ?

For what disease or injury? ?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ? Date of injury ? 19

Where did injury occur? ? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ?

Manner of injury ?

Nature of injury ?

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ?

(Signed) V Van Williams M. D.

(Address) 3200 Sequoia Ave

OCCUPATION is very important. See instructions on back of certificate.

F 30890

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30890

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1935 Harlem ave. St., 16-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. ..... mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Trustrum Girvin

If U. S. Veteran specify WAR .....

(a) Residence: No. 1935 Harlem ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	married

5a. If married, ~~widowed~~, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Samuel Joseph Girvin

6. DATE OF BIRTH (month, day, year) Dec. 20. 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58		16/17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry Todd

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Sarah Sopp.

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Samuel J. Girvin

(Address) 1935 Harlem ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Date Jan 9. 1937

19. UNDERTAKER Roland E. Fenkler

(Address) 612 N. Monroe St

20. FILED 1-7-1937 Arlington Baltimore, Md.

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15 1936 to Jan. 6 1937

I last saw h~~e~~r alive on Jan. 5 1937 Death is said to have occurred on the date stated above, at 1:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis	1936
Cerebral Hemorrage	Dec. 31-1936

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? Physical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **Industry**, in **home**, or in **public** place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Paul Brown M. D.

(Address) 1663 W. North ave.

F 30891

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30891

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 High) (Street) Eastern Ave (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth 50 yrs. mos. ds.

2. FULL NAME Samuel M. Gasken

If U.S. Veteran specify WAR

(a) Residence: No. 415 High Eastern Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Name Gasken

6. DATE OF BIRTH (month, day, year): Aug 12 1866

7. AGE: Years 70 | Months 4 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Ret. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): South America

FATHER

13. NAME: John Gasken

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Jane Tibbon

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Lyndsay S. Gasken

(Address) 504 Allegheny Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Paul cem. Date Jan 7 1937

19. UNDERTAKER: Mart Wm. Tippett

(Address) 37 S. Ann St

Filed JAN 7 - 1937 19 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5 1937

22. I HEREBY CERTIFY, That I attended deceased from July 22 1936 to Jan. 5 1937

I last saw him alive on Jan. 5 1937. Death is said to have occurred on the date stated above, at 9A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach 1937

Other contributory causes of importance:

Senility

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Anthony Hoerger M. D.

(Address) 244 S. Exeter St.

F 30892

F 30892 3234 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Brown

(a) Residence: No. 142 Colvin St- St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/8/24

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Irish Brown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lena Jenkins

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cem Date 1-8- 1937

19. UNDERTAKER Byron Mamie M. Wright (Address) 1218 Mc Elderry St

FILED JAN 7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1936 to Jan 5 1936

I last saw her alive on Jan 5 1936. Death is said to have occurred on the date stated above, at 5-6 5 p m.

The principal cause of death and related causes of importance were as follows:

Meningococcic meningitis — Date of onset 12-31-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm C Stanley Jr M. D.

(Address) Johns Hopkins Hospital

F 30893 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30893

CERTIFICATE OF DEATH

1-11 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3223 Eastern Ave., St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 11 mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Ortel

If U.S Veteran specify WAR ...

(a) Residence: No. 3223 Eastern Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary Ortel

6. DATE OF BIRTH (month, day, year): January 11-1867

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Automobile

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: not known

14. BIRTHPLACE (city or town) (State or country): not known

MOTHER

15. MAIDEN NAME: not known

16. BIRTHPLACE (city or town) (State or country): not known

17. INFORMANT: Mary Ortel
(Address): 3223 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Jan 8 1937

19. UNDERTAKER: George W. Fairbanks
(Address) 1737 E. Eager St.

JAN 7-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 5-1937

22. I HEREBY CERTIFY, That I attended deceased from June 2 1933 to Jan 5 1937

I last saw him alive on Jan 4 1937 Death is said to have occurred on the date stated above, at 1.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1-5-37

Other contributory causes of importance:
Myo + Endo Carditis (chronic)
arteriosclerosis

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Casual Notes Was there an autopsy? no

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Lester Mohr M. D.

(Address) 301 S Ellwood Ave

F 30894

30894 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

19966 ✓ 95-B

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Evgelos Geradis Gerasdis

If U. S. Veteran specify WAR

(a) Residence: No. 318 S. Bond St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60 21

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Records of Balto. City Hospts
(Address)

18. BURIAL, CREMATION, OR REMOVAL 1/6
Place Holy Trinity Russian Date Jan 7 1937

19. UNDERTAKER John Grebliunchas
(Address) 723 S Paca St

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-4 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-2 1937 to 1-4 1937

I last saw h. l. Malive on 1-4 1937 Death is said to have occurred on the date stated above, at 5 35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	3-4 Hrs
Other contributory causes of importance: Arteriosclerotic Heart Dis	Unk.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John L. Rainey M.D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

7-1937

19799

F 30895

F 30895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cornelia Amos

If U. S. Veteran specify WAR

(a) Residence: No. 684 W. Mulberry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham (Deceased)

6. DATE OF BIRTH (month, day, year) 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME ? Cromwell

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Alice

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Cem Date 1-8- 1937

19. UNDERTAKER Baecht Manuel & Knight
(Address) 1210 Mc Elderry St

20. FILED 19

Registrar.

JAN 7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-4, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-28 1936 to 1-4 1937

I last saw h[illegible] alive on 1-4 1937 Death is said to have occurred on the date stated above, at 7 20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	4 das
Other contributory causes of importance:	
Hypertensive Cardio-Vascular Renal Disease	Unk

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John F Ramey M. D.

(Address) Baltimore City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 30896

F 30896 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt City Hospital St., 28-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Ruby Kennedy

If U. S. Veteran specify WAR .....

(a) Residence: No. 809 Walnut St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Dec 27 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. parents infant

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balt Md

FATHER

13. NAME Paul

14. BIRTHPLACE (city or town) (State or country) Balt Md.

MOTHER

15. MAIDEN NAME Katie Lee

16. BIRTHPLACE (city or town) (State or country) Balt Md

17. INFORMANT Paul Kennedy

(Address) 809 Walnut St

18. BURIAL, CREMATION, OR REMOVAL

Place Johns Hopkins Hosp Sch Date Jan 7, 19 37

19. UNDERTAKER .....

(Address) .....

20. FILED 1937 Commissioner of Health

19 .....

Per H. A. Moore

MORGUE 2881

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. M. Wright, M. D.

Coroner

(Address) 1410 E. Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

30897

F 30897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 834 E. Pratt (Usual residence) St., 3 Ward)

Registered No. 75

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Teagan

If U. S. Veteran specify WAR .....

(a) Residence: No. 834 E. Pratt St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: X

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME: .....

14. BIRTHPLACE (city or town) (State or country): .....

MOTHER

15. MAIDEN NAME: .....

16. BIRTHPLACE (city or town) (State or country): .....

17. INFORMANT: Police records.

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Hopkins Med. Soc. Date Jan. 7 19 37

19. UNDERTAKER: Commissioner of Health

(Address) .....

20. FILED JAN 7 - 1937 Per H. A. Hoke

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Stomach	
from Chronic alcoholism	
& Nephritis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

Coroner

(Address) 1010 S. Eutaw St.

OCCUPATION is very important. See instructions on back of certificate.

MORGUE 2882

30898 F 30898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Manuel (19422)

If U.S Veteran specify WAR .....

(a) Residence: No. 1416 E. Fairmount Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 15, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tends furnaces, 9086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Liberia

FATHER

13. NAME James Schmit

14. BIRTHPLACE (city or town) (State or country) Liberia

MOTHER

15. MAIDEN NAME ??

16. BIRTHPLACE (city or town) (State or country) Liberia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Johns Hopkins Med. Sch. Jan. 7 1937

19. UNDERTAKER Commissioner of Health

(Address) Per W. A. Moore

20. FILED JAN 8 1937 19 ... Registrar.

2883

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 21, 1936 to December 26, 1936

I last saw him alive on December 26, 1936 Death is said to have occurred on the date stated above, at 8:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 days
Other contributory causes of importance: Tuberculosis of Lungs	Dec 1936

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jerome A. Foster M. D.

(Address) Baltimore City Hospitals

F 30899 ✓ F 30899

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1332 W. 41st St. 13-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Solomon Longenecker

If U. S. Veteran specify WAR .....

(a) Residence: No. 1332 W. 41st St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie C. Hoover Longenecker

6. DATE OF BIRTH (month, day, year) Feb 19 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	10	17 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Former Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6085

10. Date deceased last worked at this occupation (month and year) 1906

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Johnsville (State or country) Frederick Co. Md

FATHER

13. NAME Jacob Longenecker

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Rebecca Stoner

16. BIRTHPLACE (city or town) (State or country) Fulerjca Co Md

17. INFORMANT Annie C Longenecker

(Address) 1332 W 41st Street Conall Co Md

18. BURIAL, CREMATION, OR REMOVAL Meadow Branch Cemetery Date Jan 8 1937

19. UNDERTAKER Chas. G. Black

(Address) 142 W North ave

FILED 19 Registrar

N 7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15 1936 to Jan 6, 1936

I last saw him alive on Jan 5, 1936 Death is said to have occurred on the date stated above, at 3:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility,	40 yrs
Myocardial insufficiency	6 mo

Other contributory causes of importance:

Has taken 14 to 20 grains of acetanalid a Day for 40 yrs

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Grover K Black M. D.

(Address) 2020 N. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

30900 # 9486 ✓ F 30900

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

342-131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St. 721 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..da. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Sally Ford

If U. S. Veteran specify WAR

(a) Residence: No. W 5 York Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Widow

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Columbus (Deceased)

6. DATE OF BIRTH (month, day, year) 5-6-1860

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	76	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Isaac Boone

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Amelia Brooks

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Albury Date 1/9/37

19. UNDERTAKER Walter R. Sprigg Sons
(Address) 139 W. Lanvale St

20. FILED JAN 7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12 - 14, 1936 to 1 - 6, 1937

I last saw h.. alive on 1 - 6, 1937 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Bronchopneumonia (Primary)	several days
	over

Other contributory causes of importance:

Hypertensive Cardio-Vascular Renal Dis. and old Cerebral Hem.	

Was an operation performed? no Date of •

For what disease or injury? •

Name of operation •

What test confirmed diagnosis? • Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John F. Ramsey, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

30901 F 30901

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 145a 152

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens and Catonsville St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Rose M. Woodew

If U.S. Veteran specify WAR

(a) Residence: No. Clark Station, Severn Md. R F D # 1 St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

3a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Wilbur E. Woodew

6. DATE OF BIRTH (month, day, year) July 6, 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	5	30 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own Home

10. Date deceased last worked at this occupation (month and year) Dec 1936

11. Total time (years) spent in this occupation 19 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME Dennis O'Connell

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Catherine Bubert

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mr Wilbur Woodew

(Address) Severn P.O. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 8, 1937

19. UNDERTAKER Thomas W. Dewyer

(Address) Glen Burnie, Md.

20. FILED 7-1937 St Agnes Hospital

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 3, 1937 to January 5, 1937

I last saw h e alive on January 5, 1937 Death is said to have occurred on the date stated above, at 8:10 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal Sepsis (Primary)	Jan 1/37

Other contributory causes of importance:

Abscess Abdominal Wall.

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. J. Shimanek M. D.

(Address) St. Agnes Hospital

AaCo. 5-31 250B

30902 HEALTH DEPARTMENT—CITY OF BALTIMORE E 30902

CERTIFICATE OF DEATH

92-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 891 Greenmount St., 9-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Kate Cecila Schaefer

(a) Residence: No. 3919 Greenmount Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of John E. Schaefer

6. DATE OF BIRTH (month, day, year) 12/26/61

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, ~~weaver~~, sawyer, bookkeeper, etc. ~~Spinner~~ none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James O'Neal

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. B. Schaefer
(Address) 3919 Greenmount

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 6.8.37 19

19. UNDERTAKER J. Pickup & Son
(Address) 1618 Eutaw

20. Filed 7-1937 Huntington P. Wilmer, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 6th 1936 to June 4 1937

I last saw her alive on June 2 1937 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	?
(Other contributory causes of importance)	
Cystitis & Sclerosis	?
Senility	

Name of operation ... Date of ...

What test confirmed diagnosis? Phy. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) E. C. Corkran, M. D.

(Address) 1114 Madison Ave

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

30903 F 30903

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 149 W. Lanvale St. 11-7 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Charretts

(a) Residence: No. 149 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Thaddeus S. Charretts

6. DATE OF BIRTH (month, day, year) Nov. 11-1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	1	26 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Power

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Barron

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Anderson
(Address) 49 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 1/8/37 19

19. UNDERTAKER John J. Fahy & Sons
(Address) 1318 Eutaw St.

20. FILED 1937 Huntington Sullivan, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 19 37

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1936, to Jan 6, 19 37, I last saw h.. alive on Jan 6, 19 37, death is said to have occurred on the date stated above, at 12:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis and Bronchopneumonia	Jan. 3/37.
Cerebral Arteriosclerosis (Operation began about)	1930
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harris Hamman M. D.
(Address) 9 E. Chase St.

M. D. B. 1268-9

F 30904

30904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 577 W Hoffman St., 17-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 13 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ~~Lettitia Brown~~ Lettitia Brown

(a) Residence: No. 577 W. Hoffman St., Ward. Catonsville Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65 66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Aug 1936

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Salem Virginia

FATHER

13. NAME Wm Taylor

14. BIRTHPLACE (city or town) (State or country) Elliston Virginia

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT John Henry Ruff

(Address) 1117 Bond St. Belair, Md

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Date Jan 7 1937

19. UNDERTAKER Adolph Hall

(Address) [illegible]

20. FILED 1-7-1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1936 to Jan 6 1937

I last saw h er alive on Jan 5 1937 Death is said to have occurred on the date stated above, at 330 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular disease of heart	1932

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) John E. D. Campes, M. D.

(Address) 639 N. Carey St

OCCUPATION is very important. See instructions on back of certificate.

30905 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 30905

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2139 W Fayette St., 20 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME Harriett A Mulcahey
(a) Residence: No. 2139 W Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. Color or Race W
5. Single, Married, Widowed, or Divorced (write the word) Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael A Mulcahey
6. DATE OF BIRTH (month, day, year) Aug 16 1850
7. AGE Years 86 Months 5 Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) Wash. D C

FATHER
13. NAME Francis
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Mary Fulton
16. BIRTHPLACE (city or town) (State or country) Wash D C

17. INFORMANT Mrs E O Pechler
(Address) 2139 W Fayette
18. BURIAL, CREMATION, OR REMOVAL Cathedral Cem Date 1/9 36
19. UNDERTAKER George A Foley
(Address) Fulton & Fayette
Filed JAN 7 - 1937 Registrar Huntington Ellicott, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 1937
22. I HEREBY CERTIFY, That I attended deceased from May 10 1936 to Jan 6 1937
I last saw h alive on Jan 2 1937. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	

Other contributory causes of importance:
Chronic myocarditis & hypostasis
Senility, arteriosclerosis

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C Collar M.D. M. D.
(Address) 4 N Fulton Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 30906

30906

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

Registered No. 1937

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secour Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Oakes

(a) Residence: No. 35 S. Calhoun St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
19	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Ernest E. Oakes

14. BIRTHPLACE (city or town), (State or country) Maine

MOTHER

15. MAIDEN NAME Mary Schwartz

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Hospital Record.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Catholic Date 1-8-37, 19

19. UNDERTAKER Fuller & Foley

(Address) Fulton & Fayette Sts.

20. Filed 1-7-1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1936
Acute Dilatation of Heart	1-5-37

Other contributory causes of importance: Died while Operating for Hernia

Was an operation performed? yes Date of .....

For what disease or injury? .....

Name of operation Herniotomy Date of Jan 5

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos. H. Phillips M. D. Coroner

(Address) 111 1939 Eutaw Pl.

OCCUPATION is very important. See instructions on back of certificate.

✓ F 30907

30907 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

179

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp'l St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Doran

(a) Residence: No. 3700 Remington Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-5-34

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles Doran

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Helen Brunk

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Charles Doran
(Address) 3700 Remington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Brooklyn June 9. 1937

19. UNDERTAKER John M Welsh
(Address) 401 N. Charles St

21. PLACE OF FILING Huntington Avenue, Baltimore, Md.

7-1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) 1-6 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-6- . 1937 to 1-6- . 1937

I last saw him alive on 1-6- . 1937 Death is said to have occurred on the date stated above, at 10 58 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus peritonitis	1-2-37

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Morag Petersein M. D.

(Address) Sydenham Hospital

19926

F 30968

30968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9.58

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 2-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Oscar Anderson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1603 Shakespeare St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 7-18-1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Bernard

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Ida Anderson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Pauls Date 1-8-37

19. UNDERTAKER Wm. J. Fitzsimmons

(Address) 501 N. Broadway

20. FILED JAN 8 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-1, 1937 to 1-5, 1937

I last saw him alive on 1-5, 1937 Death is said to have occurred on the date stated above, at 8:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	9 das.
Other contributory causes of importance: Rheumatic Heart Disease	10 yrs

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Kairney M. D.

(Address) Baltimore City Hospital

OCCUPATION is very important. See instructions on back of certificate.

30909 F 30909

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

19877

34-6-108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 2-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 1928 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hugo Muench

If U. S. Veteran specify WAR

(a) Residence: No. 1639 Thames St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-14-1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60 46

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick (D)

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Haase

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pa Rwood Date 1-8-37

19. UNDERTAKER Randell & Humphreys
(Address) 1501 N. Broadway

20. FILED JAN 8 - 1937 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12 - 30, 1936 to 1 - 6, 1937

I last saw him alive on 1 - 6, 1937 Death is said to have occurred on the date stated above, at 5-10 p m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 8 days

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Kenney M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

✓ F 30910

HEALTH DEPARTMENT—CITY OF BALTIMORE

30910

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 427 N. Augusta St. 20-E Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eliza Döppes Walker

(a) Residence: No. 427 N. Augusta St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Walker

6. DATE OF BIRTH (month, day, year) 1854 - Dec 21

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.. none

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Limburg, Germany

FATHER

13. NAME Franz Döppes

14. BIRTHPLACE (city or town) (State or country) Alsace -

MOTHER

15. MAIDEN NAME Frai Ratzopp

16. BIRTHPLACE (city or town) (State or country) Limburg Germany

17. INFORMANT John T. Myers
(Address) 925 N. Charles St

18. BURIAL, CREMATION, OR REMOVAL
Place Mees Cemetery Date Jan 7 37

19. UNDERTAKER H. B. Kidwell & Son
(Address) 300 Eutaw Place

20. FILED Jan 8 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1937 to Jan 7, 1937

I last saw her alive on Jan 1, 1937 Death is said to have occurred on the date stated above, at 6:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Broncho-Pneumonia	1 5 37
I Cardiac Hypertrophy	3 1 25
I Dilatation -	

Other contributory causes of importance:

I Bronchial Asthma	1920

Name of operation ... Date of ...

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Robert B. Mitchell M. D.

(Address) 607 N. Charles St Balto. Md.

STATE CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

V-6.3

30911 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 30911

CERTIFICATE OF DEATH

45B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 146 Willard — St. 20 - ef Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Charles Burk

If U.S Veteran specify WAR ....

(a) Residence: No. 146 Willard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Minnie Margaret E—

6. DATE OF BIRTH (month, day, year) April 1-1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk Packer for
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S.A. Customs 008
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Burk
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Josephine Heimann
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Annie M. Burk
(Address) 146 Willard St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan 8/37 19

19. UNDERTAKER J. B. Shippert & Son
(Address) 1330 Eutaw Place

20. FILED JAN 8 - 1937 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5-1937 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 16 1936 to Jan 5 1937
I last saw h— alive on 1/5 1937. Death is said to have occurred on the date stated above, at 8. P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Tongue with metastasis	?
Other contributory causes of importance: Malnutrition	

Was an operation performed? no Date of ....

For what disease or injury? ....

What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury .... 19 ..
Where did injury occur? .... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ....
Manner of injury ....
Nature of injury ....

21. Was disease or injury in any way related to occupation of deceased? no If so, specify ....

(Signed) W. H. Crowther M. D.
(Address) 4709 Fredericks Ave

OCCUPATION is very important. See instructions on back of certificate.

30912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 F 30912

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital 29-5 St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Mrs. Rose E. Blunt

(a) Residence: No. 2601 Dulaney St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles F. Blunt

6. DATE OF BIRTH (month, day, year) May 23 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53 52	7	13 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home work

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Charles Evans

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Mr. Charles Blunt Sr.

(Address) 2601 Dulaney St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 8-37

19. UNDERTAKER F. D. Hubbert & Son

(Address) 1300 Eutaw Place

JAN 8 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1936 to Jan 6, 1937

I last saw h[illegible] alive on Jan 6, 1937. Death is said to have occurred on the date stated above, at 12:10 Am.

The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus — Date of onset April ? 1936

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinic Biopsy Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. H. Williamson, M. D.

(Address) St. Agnes Hospital

F 30913

F 30913 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 829 University Parkway St. 13 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Caroline Preston Petre

(a) Residence: No. 829 University Parkway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed~~ or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of Reginald N Petre

6. DATE OF BIRTH (month, day, year) April 22 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME J C Preston

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME C. Carroll

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Preston Petre
(Address) Towson Md

18. BURIAL, CREMATION, OR REMOVAL
Place. Greenmount Date Jan 8 1937

19. UNDERTAKER Hugh H Jenkins & Co
(Address) Eutaw & Monument

19. FILED JAN 8 - 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-17, 1936, to 1-6, 1937

I last saw her alive on 1-6, 1937. Death is said to have occurred on the date stated above, at 10-30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	
HYPERTENSION	
CEREBRAL HEMORRHAGE	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John L. Dorsey M. D.

(Address) 1129 St Paul St

OCCUPATION is very important. See instructions on back of certificate.

F 30914 F 30914

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 34-9-23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James C. Evans (19662)

(a) Residence: No. 1214 E. Biddle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose

6. DATE OF BIRTH (month, day, year) July 23, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	5	14 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Produce

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Messick

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Jan. 9 19 37

19. UNDERTAKER Henry Stock & Sons, Inc.
(Address) 1301 E. Eager St.

20. FILED JAN 9 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 2, 1937 to January 7, 1937

I last saw him alive on January 7, 1937 Death is said to have occurred on the date stated above, at 8:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs.	Dec 1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Leon H. Feldman M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

30915

✓ F 30915

HEALTH DEPARTMENT—CITY OF BALTIMORE

46-B

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 W. Chase St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Howard C. Smith

(a) Residence: No. 212 W. Chase St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 24 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Moses H. Smith

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Esther Ransom

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Clara Smith Wife

(Address) 212 W. Chase St

18. BURIAL, CREMATION, OR REMOVAL

Place Auburndale. Date Jan 9 1937

19. UNDERTAKER Fred A. Elliott daughter

(Address) 1129 Caroline St.

20. FILED Jan 9 1937 Registrar

NO - 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 1937

22. I HEREBY CERTIFY, That I attended deceased from July 20 1936 to Jan 6 1937

I last saw him alive on Jan 6 1937 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	2yrs

Other contributory causes of importance:

None

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Pelletier, M. D.

(Address) 817 Hamilton Ave

OCCUPATION is very important. See INSTRUCTIONS on BACK of CERTIFICATE.

M. D. H. 1268-9

30916 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 30916

CERTIFICATE OF DEATH

186a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6408 Brook Ave. St. 07-5 Ward)

Length of residence in city or town where death occurred Unknown yrs. ..... ds. How long in U. S. If of foreign birth Unknown yrs. ..... ds.

2. FULL NAME August M. Tauke

(a) Residence: No. 6408 Brook Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Augusta M. Tauke

6. DATE OF BIRTH (month, day, year) June 22 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic 1906

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sewing Machine

10. Date deceased last worked at this occupation (month and year) 1918

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) (State or country) Unknown Germany

FATHER

13. NAME Abraham Tauke

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT Mrs. Augusta M. Tauke

(Address) 6408 Brook Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Jan. 9th. 37

19. UNDERTAKER F. Leuthe & Son.

(Address) 7401 Belair Road

FILED 19 ..... Registrar

JAN 8 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7th. 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 3.00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Clavicle	
Other contributory causes of importance: Cardiac Failure	

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1/3 19 37

Where did injury occur? 6408 Brook Ave - Balto, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down front steps.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Rhenstrom, M. D.
Coroner

(Address) 1312 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

Deceased baby ✓ F 30917

F 30917 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. 119

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Fusenberg

(a) Residence: No. Fallston St., 9th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/18/36

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			36hrs. 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Fannie Fusenberg

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha Symington

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL. Place St Johns Date 1/8 37

19. UNDERTAKER Chas E Gross.
(Address) Berea Md

20. FILED JAN 8 - 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1936 to Jan 7 1937

I last saw him alive on Jan 6 1937. Death is said to have occurred on the date stated above, at 8:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Diarrhea	Dec 23

Other contributory causes of importance:

atelis medica	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

21. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Lydia B Edwards M. D.

(Address) Johns Hopkins

30918 F 30918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1822 Mc Culloh st 14-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter J. Weaver

If U.S. Veteran specify WAR .....

(a) Residence: No. 1822 Mc Culloh st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Weaver

6. DATE OF BIRTH (month, day, year) July 5 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none (odd)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster Co. Virginia

FATHER

13. NAME John Weaver

14. BIRTHPLACE (city or town) (State or country) Lancaster Co. Virginia

MOTHER

15. MAIDEN NAME Lucas ?

16. BIRTHPLACE (city or town) (State or country) Lancaster Co. Virginia

17. INFORMANT Sarah Weaver

(Address) 1822 Mc Culloh St

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Mem Pk Date Jan 9 37

19. UNDERTAKER Mrs Geo H Holland

(Address) 1631 Hanover Hill Ave

20. FILED ..... 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 '37 19

22. I HEREBY CERTIFY, That I attended deceased (from Dec 19 19 36 to Jan 6 19 37

I last saw h[illegible] alive on Jan 6 19 37, Death is said to have occurred on the date stated above, at 4 A M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	?
Chronic Parenchymatous Nephritis	?

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Bernard Shen M. D.

(Address) 1207 N Eutaw St

JAN 8 1937 [illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE 30919

F 30919

CERTIFICATE OF DEATH

Registered No. 1121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3810 Leo St. St. 25-6 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 40 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR ...

2. FULL NAME Mary Nowakowska

(a) Residence: No. 3810 Leo St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Nowakowski

6. DATE OF BIRTH (month, day, year) May 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none 1937

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unk

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Fred W Ozarowski

(Address) 1930 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Date Jan 10 1937

19. UNDERTAKER Fred W Ozarowski

(Address) 1930 Eastern Ave

20. FILED JAN 8 - 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1935 to Jan 6 1937

I last saw her alive on Jan 6 1937. Death is said to have occurred on the date stated above at 3:15 m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Decompensated Heart Disease	
Arterio Sclerosis, Long Standing	
Chronic Brights "	11

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Leon S Hoska, M. D.

(Address) 4460 Pennington Ave

30928 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

30920

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 1-3 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frances Pilachowski

(a) Residence: No. 703 S. Montford St., Cse. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/28/72

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H-wife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Jaminski

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie Kitzuconski

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records — JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date January 9th 1937

19. UNDERTAKER George A. Weber

(Address) 702 E. Ann St.

FILED JAN 8 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan 5 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18 . 1936 to Jan 5 . 1937

I last saw her alive on Jan 5 . 1937. Death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of urinary tract	2 yrs ago
Pulmonary Embolism (?)	Jan 5, 1937
Other contributory causes of importance:	

Was an operation performed? Yes Date of about Nov 20, 1936.

For what disease or injury? Tuberculosis of R kidney

What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard W Jones, M. D.

(Address) Johns Hopkins Hospital.

OCCUPATION is very important. See instructions on back of certificate.

19793

F 30921 HEALTH DEPARTMENT—CITY OF BALTIMORE F 30921

CERTIFICATE OF DEATH

131

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St. 17-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nelson Howell
If U. S. Veteran specify WAR

(a) Residence: No. 677 W. Franklin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Flusta

6. DATE OF BIRTH (month, day, year) 2-2-1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chef

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1021

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fla.

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Fla.

MOTHER

15. MAIDEN NAME Katie Dixon

16. BIRTHPLACE (city or town) (State or country) Fla.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place W. H. Lyon Cem. Date 1-9-37

19. UNDERTAKER Bernard P. Hennessy
(Address) 118 Druid Hill Ave

FILED 19
JAN 8 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 — 6 , 1937

22. I HEREBY CERTIFY, That I attended deceased from 12 - 28 1936 to 1 — 6 1937
I last saw him alive on 1 — 6 , 1937 Death is said to have occurred on the date stated above, at 12 15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio - Vascular Renal Disease.	1 yr.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John H Ramey M. D.
(Address) Baltimore City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 30922

M. D. B 1268-9

30922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 94-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bothelhst near Fairmount Ave Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick R Camper

If U. S. Veteran specify WAR

(a) Residence: No. 1502 Mulberry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosie Camper

6. DATE OF BIRTH (month, day, year) 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
50	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Preacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M.E.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mount Ireland Md

MOTHER

13. NAME Alix Camper

FATHER

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ashell Stanley.

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Eddie King 5031 N Bend St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date Jan 8 1937

19. UNDERTAKER (Address) Edw. Bryan 1241 Orleans St

20. FILED 19 Registrar.

1-8-1937 Huntington West Virginia, N.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	1/4/37
Angina Pectoris	

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

Coroner

(Address) 507 Dusquenbd St

F 30923 HEALTH DEPARTMENT—CITY OF BALTIMORE F 30923

CERTIFICATE OF DEATH

1. PLACE OF DEATH Little Sisters of the Poor 131 Registered No.

CITY OF BALTIMORE: (No. 1200 Valley St St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie Dobbins

(a) Residence: No. 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND (or) WIFE of ? Dobbins

6. DATE OF BIRTH (month, day, year) 26 May 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas, Md.

FATHER

13. NAME Michael Kelly

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Sup.
(Address) Little Sisters of the Poor

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Jan 9 1937

19. UNDERTAKER Rita Wiedefeld
(Address) 114 Communibus Ave

JAN 8 - 1937

20. FILED ... 1937 Registrar.

Sister Stanislaus, Sup

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 6 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 to Jan 6 1937

I last saw her alive on Jan 2 1937. Death is said to have occurred on the date stated above, at 10:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Bronchitis	?
Other contributory causes of importance:	
Chr Nephritis	?
Arteriosclerosis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation Supra Pat

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. C. Casker M. D.

(Address) 114 Mulberry St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

30924

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30924

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maggie M. Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 739 Eutaw St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H

6. DATE OF BIRTH (month, day, year) June 18 1898

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	38	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bruce Maryland (State or country)

FATHER

13. NAME John N. Williams

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Sallie Washington

16. BIRTHPLACE (city or town) Hagerstown (State or country) Md.

17. INFORMANT John A. Johnson

(Address) 739 Eutaw

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Cem Date Jan 10th 1937

19. UNDERTAKER Joseph A Tapley

(Address) 409 N Arlington Street

20. FILED JAN 9 - 1937 [illegible], Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

Coroner

(Address) 1010 S. Edward Ave.

F 30925 HEALTH DEPARTMENT—CITY OF BALTIMORE F 30925

CERTIFICATE OF DEATH

94a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 701 N. Appleton St. 16 Ward

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

2. FULL NAME Anna Franck

(a) Residence: No. 701 N. Appleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): October 27 1871

7. AGE: Years 65 | Months 2 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: George Franck

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Elizabeth Ann ?

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Mrs. Armadine Snyder

(Address) 701 N. Appleton St

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cem. Jan 9 1937

19. UNDERTAKER: Joseph H. Pool

(Address) 1033 W. Baltimore St

20. FILED: Huntington W. Jones M.D.

8-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1937 to Jan 6 1937

I last saw her alive on Jan 16 1937 Death is said to have occurred on the date stated above, at 11 55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1931
Angina Pectoris	1/5/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Homer L. Dodd M. D.

(Address) 735 N. Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

F30926

HEALTH DEPARTMENT—CITY OF BALTIMORE

F30926

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 N. Bradford St., 8-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ernestine Grauss

(a) Residence: No. 1611 N. Bradford St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 25, 1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	88	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Chas Goldsmith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Schwietzerberg Daughter
(Address) 1603 N Bradford

18. BURIAL, CREMATION, OR REMOVAL
Place Jerusalem Cemetery Date Jan 10 1937

19. UNDERTAKER E. J. Cook
(Address) 1703 N. Patterson Park Ave

FILED JAN 8 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937, to June 6, 1937

I last saw her alive on June 6, 1937 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6 days
Bronchial Pneumonia	3 d
Arteriosclerosis	a day
Hypostatic	6 day
Other contributory causes of importance: Arteriosclerotic Nephritis	6 day

Was an operation performed? No Date of .....

For what disease or injury? x

Name of operation None Date of .....

What test confirmed diagnosis? Microscopic Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edw. F. A Strauss, M. D.

(Address) 2878 Harford Rd

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 30927

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30927

CERTIFICATE OF DEATH

115-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secour Hospital St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Herbert O. Bichl

If U. S. Veteran specify WAR .....

(a) Residence: No. 2528 Boyd St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Otto Bichl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emma Reisler

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Emma Bichler (mother)

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Jan 7, 1937

19. UNDERTAKER Harry Fuhrer

(Address) 1931 Eden St

FILED JAN 8 - 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	

Other contributory causes of importance:

Pericardial Effusion

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. H. Phillips M. D.

Coroner

(Address) 1939 Edmondson Ave

State CAUSE OF DEATH in plain terms. Do not use only OCCUPATION is very important. See instructions on back of certificate.

F 30928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 159

1. PLACE OF DEATH **The Johns Hopkins Hospital** Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 10-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby A. Muse If U. S. Veteran specify WAR .....

(a) Residence: No. 829 Forester Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 12-19-36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
-	-	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. poor

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Lawie Muse

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Sarah Bard

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL Johns Hopkins Med. Soc. Jan. 8 37

19. UNDERTAKER .....
(Address)

8-1937

Commissioner of Health

Per H. L. McCurley

2889

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 19, 1936, to December 29, 1936

I last saw him alive on December 29, 1936 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Asphyxia, due to aspiration	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

WERNER STEINBERG, M. D.
JOHNS HOPKINS HOSPITAL
BALTIMORE, MD.

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Werner Steinberg, M. D.

(Address) The Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 30929

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30929

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St 2-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Tolcak

If U. S. Veteran specify WAR

(a) Residence: No. 406 South Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-20-36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
—	—	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Jersey Tolcak

FATHER

13. NAME Jerry Tolcak

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Helen Jagodzinska

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Johns Hopkins Med. Dept. Jan. 8, 1937

19. UNDERTAKER
(Address)

Commissioner of Health
Per M. A. Moore

FILED ... 19 ... Registrar

JAN 8 - 1937 2886

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/21/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from 12/20/36 . 19 . to 12/21/36 . 19

I last saw h. alive on 12/21/36 19 . Death is said to have occurred on the date stated above, at 10 09 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph F. Hadurst, Jr. M. D.

(Address) The Johns Hopkins Hospital

Spec.—8-16-29—L. F. S.—100 Bks.

F30930

F30930

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1146 Sargeant ST., 21st WARD)

2—FULL NAME Anna Margaretta Mix 21-2

(a) RESIDENCE NO. 1146 Sargeant ST., 21st WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow.

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of the late John H. Mix

6 DATE OF BIRTH (month, day, and year) Aug 16, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
74	75	4	20.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 0037

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Wm H. Seidenbahl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Reisig.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Daughter Mrs. M. M. Straub

(Address) 1146 Sargeant St

Filed JAN 8 1937

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6. 1937

17 I HEREBY CERTIFY, That I attended deceased from 31 Dec 1936, to 6 Jan 1937, that I last saw h alive on 6 Jan 1937 and that death occurred, on the date stated above, at 9:10 P m.

The CAUSE OF DEATH* was as follows:

Nephritis. Chronic (1)
Asthma Chronic. (2)
Myocarditis Chronic (3)
(duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemic Coma.
(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) H. Raymond Mikulp M. D.

6 Jan. 1937 (Address) 2910 Hollins Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet — DATE OF BURIAL Jan 9 1937

20 UNDERTAKER Mr. & Mrs. John W. Teufel & Son — ADDRESS 801 W. Fayette

important. See instructions on back of certificates.

F 30931 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 30931

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 N. Monroe St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Toth

If U.S. Veteran specify WAR no

(a) Residence: No. 706 N. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emrich Toth

6. DATE OF BIRTH (month, day, year) Aug 12. 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria Hungary

FATHER

13. NAME Franz Marsker

14. BIRTHPLACE (city or town) (State or country) Austria Hungary

MOTHER

15. MAIDEN NAME Amon

16. BIRTHPLACE (city or town) (State or country) Austria Hungary

17. INFORMANT Clara M. Krabbe
(Address) 706 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 9. 1937.

19. UNDERTAKER Mr. & Mrs. John W. Teufel - Son
(Address) 501 W. Fayette St

20. FILED 19 (Signature of Registrar)

JAN 8 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7. 1937

22. I HEREBY CERTIFY, That I attended deceased from May 6. 1931 to Jan. 7 1937

I last saw her alive on Jan. 6 1937 Death is said to have occurred on the date stated above, at 9.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis (generalized)	1929
chronic myocarditis	1930
Other contributory causes of importance:	
hypostatic pneumonia	1/4/37

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) George H. Kipp M. D.

(Address) 3030 Edmondson Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 30932

F 30932

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 S. Clinton St., 16-11 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sabina Bayer

(a) Residence: No. 516 S. Clinton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of George

6. DATE OF BIRTH (month, day, year) March 17 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. assist in housework

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Michael Rindell

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret [illegible]

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Bayer

(Address) 516 S. Clinton St

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Cem. Date Jan 9 1937

19. UNDERTAKER Lilly & Zeiler INC.

(Address) 403 S. Wolfe St

20. FILED JAN 8 - 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest first that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 101 S. [illegible]

State CAUSE OF DEATH in plain terms, and such that a definite and correct classification can be made. OCCUPATION is very important. See instructions on back of certificate.

V S 6

30933 F 30933

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 626 N. Hilton St. St. 16-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME AGN S SAWYER

If U.S. Veteran specify WAR .....

(a) Residence: No. 626 N. Hilton ST. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 15, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	5	22 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

FATHER

13. NAME John Sawyer

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

MOTHER

15. MAIDEN NAME Elizabeth E. Burke

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

17. INFORMANT Harry Sawyer
(Address) 626 N. Hilton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Emmerton Md. Date Jan 9, 37

19. UNDERTAKER John Ortwein & Sons
(Address) 1900 Eutaw Place

8-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 6, 1937 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1936 to Jan. 6, 1937

I last saw h[illegible] alive on Jan 6, 1937. Death is said to have occurred on the date stated above, at 8 45 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	1931
Cerebral hemorrhage	12/28/36
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Homer A. Todd M. D.

(Address) 735 N. FULTON AVE?

OCCUPATION is very important. See instructions on back of certificate.

F 30934

30934 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-C

CERTIFICATE OF DEATH

13-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 W. 33rd. St. St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residenre in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary A. MAGUIRE (MOLLIE)

If U.S. Veteran specify WAR .....

(a) Residence: No. 804 W. 33rd. St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas P. MAGUIRE

6. DATE OF BIRTH (month, day, year) July 30.1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Wm. Ewing

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Thomas P. MAGUIRE

(Address) 804 W. 33rd. St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jany 9.1937

19. UNDERTAKER John Whitehill & Sons

(Address) 1900 Eutaw Place

FILED JAN 8 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937, to Jan 7, 1937

I last saw h— alive on Jan 6 1937 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

Bronchio Pneumonia — Date of onset .....

Other contributory causes of importance:

Arterio Sclerosis

Myocarditis

Was an operation performed? — Date of .....

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Chas Bonnix, M. D.

1/8/37 (Address) 4706 Harford Road

OCCUPATION is very important. See instructions on back of certificate.

F 30935

F 30935 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 2 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward Peters (444)

(a) Residence: No. 325 N. Biddle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) October 20, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	2	18 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (10 any kind 00)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Miller

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha Gates

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Ivy. Auburn Date 1-9-1937

19. UNDERTAKER Ingrs Geo. E. Holland
(Address) 1681 Edmondson Ave.

20. FILED ... By ...

N 8 - 1937

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) January 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1931 to January 7, 1937

I last saw him alive on January 7, 1937 Death is said to have occurred on the date stated above, at 7:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	1931
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Lem H. Feldman M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Name of disease alone is not sufficient. Mode of dying, such as heart failure, asthenia, etc., should not be returned without the disease causing it. OCCUPATION is very important. See instructions on back of certificate.

F 30936

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30936

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 3-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1883 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Smigielska

If U. S. Veteran specify WAR

(a) Residence: No. 863 S. Dallas St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) 2-3-1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Frank Swoboda

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 1-9-1937

19. UNDERTAKER J. J. Fahey & Sons

(Address) 3132 Light St.

20. FILED JAN 8 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-1-1937

22. I HEREBY CERTIFY, That I attended deceased from 6-5-1934, to 1-1-1937

I last saw her alive on 1-1-1937 Death is said to have occurred on the date stated above, at 1:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 days
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramey, M. D.

(Address) Baltimore City Hospital

State CAUSE OF DEATH in plain terms. Do not state the mode of dying, such as heart failure, asthenia, etc. OCCUPATION is very important. See instructions on back of certificate.

F 30937

30937 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 46-Va 18363

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? 26 yrs. mos. ds.

2. FULL NAME John Walski

If U. S. Veteran specify WAR

(a) Residence: No. 1603 Alice Ann St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Walski

6. DATE OF BIRTH (month, day, year) 12-25-1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Walski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Zurerme

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Date 19

19. UNDERTAKER (Address)

20. FILED 19 Registrar.

N 8-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-31 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-31 1936 to 12-31 1936

I last saw him alive on 12-31 1936 Death is said to have occurred on the date stated above, at 7 00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of esophagus	?
Other contributory causes of importance:	
Anemia	3 mo

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, state

(Signed) M. D.

(Address) Balt. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 30938

F 30938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2810 Montebello Terrace, 26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 42 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 68 yrs. 7 mos. 9 ds.

2. FULL NAME Rachel Anne Ditman

If U.S. Veteran specify WAR NONE

(a) Residence: No. 2810 Montebello Terrace St., 26 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles R. Ditman

6. DATE OF BIRTH (month, day, year) May 29 1868

7. AGE: Years 68 | Months 7 | Days 9 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none | 11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Cecil Co. Maryland.

FATHER

13. NAME Jas. J Stall

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME Anna Rothwell

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Mr Chas. R. Ditman - Husband

(Address) 2810 Montebello Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Jan 9 1937

19. UNDERTAKER Stewart Mortuary Co.

(Address) 108 W Monument Ave.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1937 to Jan. 7 1937

I last saw h[illegible] alive on Jan. 5 1937 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Dec. 1936.
Other contributory causes of importance: Chron. myocarditis	?

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. M. Bacon, M. D.

(Address) 2810 Taylor Ave. Hamilton P. O.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

N 8 - 1937

F 30939

M. D. B. 1268-9

30939

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

175

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1528 Hollins St. 19-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs., 2 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret B Cassidy

If U. S. Veteran specify WAR

(a) Residence: No. 2930 Waterloo st. St., Ward. Philadelphia

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jerome Cassidy

6. DATE OF BIRTH (month, day, year) Feb 22 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Thomas B Burnett

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Egan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Jerome Cassidy

(Address) 2930 Waterloo st Philadelphia Pa

18. BURIAL, CREMATION, OR REMOVAL Holy Sepulchre Phila Pa Date Jan 11 1937

19. UNDERTAKER D Kenney & Son

(Address) 3 & 5 E Preston st

20. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Discovered Jan 6, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suffocation	Dec 24 1936

Other contributory causes of importance: Contusions & Bruises

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 1936 19...

Where did injury occur? 1528 Hollins st Balto md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home (Rooming house)

Manner of injury Found with face burned in Blood

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) Thos. H Phillips M. D. Coroner

(Address) 1937 Edmondson Ave

JAN 8 - 1937

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 30940

F 30940

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. Hosp Ward)

Length of residence in city or town where death occurred 70 yrs. mos 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Laura D. Blunt

If U.S. Veteran specify WAR .....

(a) Residence: No. Randalstown Md St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Bradley J. Blunt,

6. DATE OF BIRTH (month, day, year) Sept 5 1867.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Dec 1936.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Otis A. Worthington

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Eleanor Horsey.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Hosp Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Family Cem. Date Jan. 11, 1937

19. UNDERTAKER Easton Sons

(Address) Emmett City

20. FILED [illegible]

N 8 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1937, to Jan 8, 1937

I last saw her alive on Jan 8, 1937. Death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	1932
Arteriosclerosis	?
Chronic Glomerular Nephritis	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. D. Henneberger M. D.

(Address) Mercy Hospital.

STATE CAUSE OF DEATH in plain terms. Do not state mode of dying, as shock, exhaustion, or failure. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 30941

F 30941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 95-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balt. City Hos. St. S-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virgil F. Ford If U. S. Veteran specify War World War

(a) Residence: No. 165 Clifton Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Evelyn M.

6. DATE OF BIRTH (month, day, year) June 23 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dock foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chrysler Corp

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Somerset Co Maryland

FATHER

13. NAME Thos B.

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME Clara (Unknown)

16. BIRTHPLACE (city or town) (State or country) Somerset Co Md.

17. INFORMANT Mrs. Evelyn Ford

(Address) 165 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place U.S. National Date Jan 9th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JAN 9 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cardio Vascular	
hypertension	
11	

Other contributory causes of importance: Cardiac failure

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. A. Wright Coroner, M. D.

(Address) 101 S. Ellwood Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B 1268-9

F 30942

30942

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 94-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) West Balto Gen Hosp St., (Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F Phillips, If U. S. Veteran specify WAR No Record

(a) Residence: No. 3104 Wallbrook Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Loretta Phillips

6. DATE OF BIRTH (month, day, year) Sept 9 1864

7. AGE: Years 72; Months 3; Days 29; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State Hospital
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Springfield Mass
(State or country)

FATHER

13. NAME John Webster Phillips
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Maria Bashell
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Loretta Phillips
(Address) 3104 Wallbrook Ave

18. BURIAL, CREMATION, OR REMOVAL Mount Olivet Cemetery Date Jan. 10 1937
Place Baltimore Md

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. Hunn Carnes M. D.
Coroner

(Address) 1115 Hanover

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 30943

F 30943 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1716 N. Montford Ave. St., 5 Ward)

Length of residence in city or town where death occurred 69 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Caroline Loeffler

If U.S. Veteran specify WAR No Record

(a) Residence: No. 1716 N. Montford Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ (or) WIFE of Edward Loeffler

6. DATE OF BIRTH (month, day, year) Sept 30 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles Freyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Phoebe Ruff

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Rose Loeffler

(Address) 1716 N. Montford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Jan 9 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED JAN 9 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1936 to Jan 6 1937

I last saw her alive on Jan 6 1937 Death is said to have occurred on the date stated above, at 6.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	4/11/32
Other contributory causes of importance: Diabetes Mellitus	9/6/21

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Immaterial Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) C. Gill Hall M. D.

(Address) 1631 E North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 5 - 1937

Spec.—0-30—A. & Co.—250 Bks

F 30944

30944

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1088

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No Franklin Sq. Hospital ST. 19-W WARD)

2. FULL NAME Adelbia Harrison

(a) RESIDENCE NO. 1406 W. Baltimore ST. WARD No Record
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed.

5a If ~~married~~, widowed, ~~or divorced~~
~~HUSBAND of~~
(or) WIFE of Clinton E. Harrison

6 DATE OF BIRTH (month, day, and year) Mar 7th 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home.

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Catonsville Md

PARENTS

10 NAME OF FATHER Tolon Dawn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Ault

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Stanley E. Harrison 3528 Keswick Rd

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 8, 19

17

I HEREBY CERTIFY, That I attended deceased from Jan 2, 1937, to Jan 8, 1937

that I last saw h[illegible] alive on Jan 7, 1937

and that death occurred, on the date stated above, at 4 15/9 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. 2 mos. 6 ds.

CONTRIBUTORY (Secondary) Myocardial Failure (Duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Milton Sisinick M. D.

19 (Address) 1424 E. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 1/11/1937

20 UNDERTAKER Wm Cook 1217 E. Baltimore St — ADDRESS

N 5 - 1931

F 30945 Hensler F 30945

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital 27-E (Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence In city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alvin W. Hensler

(a) Residence: No. 3301 Moravia ave St., Ward. No Record
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 13th 1918

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At School
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm C. Hensler
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Charlotte C. Kohlenberger
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT William C. Hensler
(Address) 3301 Moravia Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 11th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 W Pratt St Huntington Indiana

FILED JAN 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1937 to Jan 8 1937
I last saw him alive on Jan 8 1937. Death is said to have occurred on the date stated above, at 5 58 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis c Perforation	1wk
Generalized Peritonitis	1wk
Other contributory causes of importance:	
Terminal Broncho pneumonia	1 day

Was an operation performed? Yes Date of Jan 4, 1937

For what disease or injury? Ruptured Appendix c peritonitis

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ——, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank R Stephenson M. D.
(Address) St Joseph's Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 30946

M. D. B 1263-9

F 30946

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital St. 93-2 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Herbert E. Schwartz

(a) Residence: No. 1517 Patapsco St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carolyn Schwartz

6. DATE OF BIRTH (month, day, year) Oct. 27, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electric Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna. R. R. Co.

10. Date deceased last worked at this occupation (month and year) 1/7/37

11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William Schwartz

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Laura Smith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Carolyn Schwartz

(Address) 1517 Patapsco St

18. BURIAL, CREMATION, OR REMOVAL

Place Stone Chapel Date Jan 11th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. Washington Boulevard M.D. Registrar.

JAN 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/8/ , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Surgery (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Surgery (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schenning M. D. Coroner

(Address) 1914 E. Fayette Ave

F 30946

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 30947

F 30947

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 498

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St., 11-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran, specify WAR ... Rec'd

2. FULL NAME Mary Elizabeth Kutzer

(a) Residence: No. 1205 John St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Benjamin C. Kutzer

6. DATE OF BIRTH (month, day, year) May 24 1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	88	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ref 0037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Dr Symons Gill

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ann Ambrose

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Anna B. Breyer

(Address) 1205 John St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jan 11 1937

19. UNDERTAKER Wm Cook

(Address) 812 St Paul St

20. FILED JAN 9 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8 1937

22. I HEREBY CERTIFY, That I attended deceased from ~~June~~ Dec. 20, 1936, to Jan 8, 1937

I last saw ~~her~~ alive on Jan. 8, 1937 Death is said to have occurred on the date stated above, at 6:45 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Sigmoid — Date of onset 1931

Other contributory causes of importance:

Senility, Arteriosclerosis

Was an operation performed? Yes Date of Dec. 22, 1936

For what disease or injury? Suprapubic cystotomy

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) If so, specify Gilbert J. Wells, M. D.

(Address) Univ. Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 30948

M. D. B 1268-9

F 30948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 9-9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Vet. (specify WAR) No Record

2. FULL NAME Chas. W. Fell

(a) Residence: No. Philadelphia St., ... Ward. Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara R. Fell

6. DATE OF BIRTH (month, day, year) April 11, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year) Jan 1937

11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

FATHER

13. NAME Calvin Fell

14. BIRTHPLACE (city or town) (State or country) Doylestown Pa.

MOTHER

15. MAIDEN NAME Amanda Hartzel

16. BIRTHPLACE (city or town) (State or country) Doylestown Pa.

17. INFORMANT Clara R. Fell
(Address) Phila. Pa.

18. BURIAL, CREMATION, OR REMOVAL
Place Phila. Pa. Date Jan 9th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. [illegible] Interment

JAN 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/8, 1937

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance: Fractured Skull - Cardiac Failure

Was an operation performed? No Date of (Over)

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenten, M. D.
Coroner

(Address) 1918 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 30949

F 30949 145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

134

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No.) St., 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gussie Banks

(a) Residence: No. 1213 Ashland ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
7	Black	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6-20-90

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Joshua Swann

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ella Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvery Date Jan 10 37

19. UNDERTAKER Milton S Davis

(Address) 616 N Eden St

20. FILED JAN 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN - 7 , 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 29 , 1936 to JAN - 7 , 1937

I last saw her alive on JAN 7 , 1937. Death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis, bilateral, hydronephrosis rt, ureteral & vesical calculi	
Uremia	
Other contributory causes of importance:	

Was an operation performed? yes Date of 1-6-37

For what disease or injury? Relief of anuria

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Weston M. Nelson M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

19847 ✓F 30950

F 30950

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Ware

(a) Residence: No. 751 George St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married, Sep.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ella

6. DATE OF BIRTH (month, day, year) 7-17-1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash. D. C.

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Laura Triggs

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 1/11 1937

19. UNDERTAKER Frances A. Hendley
(Address) 578 N. Eutaw Street

20. FILED JAN 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-7- , 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-29 , 1936 to 1-7 , 1937

I last saw him alive on 1-7 , 1937 Death is said to have occurred on the date stated above, at 3 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor right	1 yr.
Other contributory causes of importance: Surgical shock	2 hrs.

Was an operation performed? yes Date of 1-7-37

For what disease or injury? Brain tumor

Name of operation Craniotomy

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. H. Grover M. D.

(Address) Balt. City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 30951

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 30951

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 S. Conkling St., No-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 76 mos. 2 da. 20 How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Josephine Franz

(a) Residence: No. 807 S Conkling St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter E. Franz.

6. DATE OF BIRTH (month, day, year) Oct 19 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Christian. Siebert.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Elizabeth Zuckl.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT (Address) Walter Franz. 807 S Conkling St.

18. BURIAL, CREMATION, OR REMOVAL London Park. Date Jan. 11th 1937

19. UNDERTAKER (Address) Mrs Chas A. J Rohde 2337 Edmondson Ave

20. FILED JAN 9 - 1937 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8th 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/22/36, 19 to 1/8/36, 19

I last saw h[illegible] alive on 1/8/37, 19. Death is said to have occurred on the date stated above, at 3:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteo Sclerosis	
Chronic interstitial nephritis	
Other contributory causes of importance: Hypostatic pneumonia	1/5/37

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) H. H. Orrell M. D.

(Address) 655 S. Conkling

state CAUSE OF DEATH in plain terms, so that it may be properly coded. OCCUPATION is very important. See instructions on back of certificate.

v s 3

30952 F 30952

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.M.H. St. 12-S Ward) Cfa

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles B. Canton

(a) Residence: No. 3100 Abell Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Eleanor Richardson Canton

6. DATE OF BIRTH (month, day, year) July 25, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Michael J. Canton

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Susan McGraw

16. BIRTHPLACE (city or town) (State or country) Not Obtainable

17. INFORMANT Mrs. Eleanor R. Canton.
(Address) 3100 Abell Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Jan 11 '37

19. UNDERTAKER Henry W. Meanslow.
(Address) 805 N. Calvert St.

JAN 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/8, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/11, 1936 to 1/8/37, 1937

I last saw him alive on 1/8, 1937 Death is said to have occurred on the date stated above, at 2:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic lymphoid Leukemia	5/1/36

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Raised F. Lee, M. D.

(Address) Union Memorial Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 30953

F 30953 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Church Home & Infirmary 6-5 18 Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 6 ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clyde Forman Higgins If U.S. Veteran specify WAR ...

(a) Residence: No. Claiborne, St., ... Ward. Talbot Co., Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male.	White	single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 19, 1923.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	13	1	19 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton, Md.

FATHER

13. NAME Daniel J. Higgins.

14. BIRTHPLACE (city or town) (State or country) Neavitt, Md.

MOTHER

15. MAIDEN NAME Anna Pearce.

16. BIRTHPLACE (city or town) (State or country) Easton, Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Michaels Cem. Date Jan. 11 1937

19. UNDERTAKER James A. Spence
(Address) Easton, Md.

20. [illegible] Registrar.

JAN 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2. 1937. to Jan 8 1937.
I last saw h[illegible] alive on Jan. 8 1937. Death is said to have occurred on the date stated above, at 6:45 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis,	
acute - opsd.	Jan. 1, 1937

Other contributory causes of importance:

Pulmonary edema

Was an operation performed? No. Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Cultures Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John A. Myers. M. D.

(Address) Church Home & Inf.

4

F 30954

30954 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2302 Belair Road. St., 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 9 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME AUGUST LOUIS ZULAUF

If U.S. Veteran specify WAR

(a) Residence: No. 2302 Belair Road. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie L. Zulauf

6. DATE OF BIRTH (month, day, year) April 1, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Painter 0050

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Houses

10. Date deceased last worked at this occupation (month and year) Feb. 1936

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Conrad Zulauf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Ada Zulauf

(Address) 2302 Belair Road.

18. BURIAL, CREMATION, OR REMOVAL

Baltimore Cemetery Date Jan. 9, 1937

19. UNDERTAKER John Elliott

(Address) 2008 Orleans St

20. FILED JAN 9 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7, 1937 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1-3 [redacted], 1936, to 1-6, 1937.

I last saw him alive on 1-6-, 1937 Death is said to have occurred on the date stated above, at 2 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular heart disease	1-3-36
Other contributory causes of importance: Coronary Thrombosis	1-2-37

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton A. Lang M. D.

(Address) 2117 Belair Rd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 9 - 1937

F 30955

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30955

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4902 Walther Boulevard 27-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Bing

(a) Residence: No. 4902 Walther Boulevard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - -

6. DATE OF BIRTH (month, day, year) Sept. 14, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME Conrad Bing

14. BIRTHPLACE (city or town) Unknown
(State or country) Germany

MOTHER

15. MAIDEN NAME Mary Schmidt

16. BIRTHPLACE (city or town) Hessen
(State or country) Darnstadt, Germany

17. INFORMANT Mr. George Bing,
(Address) 3309 Southern Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Jerusalem Cem. Date Jan. 11 19 37

19. UNDERTAKER Frederick Strasburger
(Address) 7401 Belair Road

20. FILED

JAN 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 4th 1937 to Jan 8th 1937

I last saw h[illegible] alive on Jan 8th 1937, Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-4-37

Other contributory causes of importance:

Was an operation performed? No, Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) L. L. Gordy M. D.

(Address) 5106 Harford Rd.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

30956

CERTIFICATE OF DEATH

30956

Registered No. 95-B

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves. Ward) 25-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sanders Perry Simmons

If U.S. Veteran specify WAR World War

(a) Residence: No. 103 Locust Dr. Catonsville St., Ward. Catonsville, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Alice Simmons

6. DATE OF BIRTH (month, day, year) Mar. 1 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Whitestone (State or country) Lancaster - Virginia

FATHER

13. NAME Solomon Perry Simmons

14. BIRTHPLACE (city or town) (State or country) Hoopers Island Md.

MOTHER

15. MAIDEN NAME Flora Laura Irene Sanders

16. BIRTHPLACE (city or town) (State or country) Whitestone Lancaster Va

17. INFORMANT Mrs Emma B. Marks (Address) Elliott City, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jan 9, 37

19. UNDERTAKER Wm. J. Tilden & Sons (Address) Ellicott City, Md.

FILED JAN 9 - 1937 19 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 6, 1937. to January 7, 1937.

I last saw him alive on Jan. 7 1937 Death is said to have occurred on the date stated above, at 5 54 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular Disease	?
Coronary Thrombosis	12-29-36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

31. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lawrence J. Strmanek, M. D.

(Address) St. Agnes Hospital

If state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

30957

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 30957

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2902 Garrison Boul. St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Howard Adair

If U.S Veteran specify WAR

(a) Residence: No. 2902 Garrison Boul. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Laura Ellen Adair

6. DATE OF BIRTH (month, day, year) September 14th 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Manager Life Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Metropolitan L.I.Co.

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (city or town) (State or country) Grafton, W.Va.

FATHER

13. NAME John Adair

14. BIRTHPLACE (city or town) (State or country) Frederick, Md.

MOTHER

15. MAIDEN NAME Catherine Wilhide

16. BIRTHPLACE (city or town) (State or country) Frederick, Md.

17. INFORMANT Mrs. Laura E. Adair (Wife)
(Address) 2902 Garrison Boul.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem Date Jan 9th 1937

19. UNDERTAKER [illegible]
(Address) [illegible]

JAN 9- 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1937, to Jan 7, 1937

I last saw him alive on Jan Jan 6, 1937. Death is said to have occurred on the date stated above, at 9 22 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	1/5/37
Other contributory causes of importance:	
Arteriosclerosis, Hypertension -	3 yrs ago
Chronic Nephritis - Coronary Thrombosis	

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) Fred L. De Barbieri, M. D.

(Address) 4723 Park Heights Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

30958

HEALTH DEPARTMENT—CITY OF BALTIMORE

30958

CERTIFICATE OF DEATH

92-a

Registered No. 6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3048 W. Northern St., Ward) 15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Irene Sparks

If U.S. Veteran specify WAR

(a) Residence: No. 3048 W. Northern St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm. Dudley Sparks

6. DATE OF BIRTH (month, day, year) Sept. 14, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Bethlehem Pa.

FATHER

13. NAME Alvin W. Mack

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Montana Hilbert

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mr. W. Dudley Sparks

(Address) 3048 W. Northern

18. BURIAL, CREMATION, OR REMOVAL

Place Bethlehem Pa Date Jan 9 1937

19. UNDERTAKER Wm. Fletcher Sons

(Address) North & Pa Ave

JAN 9 - 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1937 to Jan 7, 1937

I last saw her alive on Jan 7, 1937 Death is said to have occurred on the date stated above, at 8.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Acute Cardiac dilatation	7/7/37
Valvular heart disease	1936

Contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. L. Hawkins M. D.

(Address) 1 E. Randall St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H 1268-9

F 30959

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30959

CERTIFICATE OF DEATH

82-A

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balti City Hospitals St., 26 Ward) 5

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John A. Bart

If U. S. Veteran specify WAR .....

(a) Residence: No. 6508 Fait Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Myrtle

6. DATE OF BIRTH (month, day, year) Jan 4 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	—	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1986

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME John A.

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Margaret Eisen

16. BIRTHPLACE (city or town) Maryland.
(State or country)

17. INFORMANT Mrs. Myrtle Bart

(Address) 313 S. Payson St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Jan. 11th 1937

19. UNDERTAKER George H. Schwab

(Address) 3101 Frederick Ave

FILED JAN 9 - 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 . 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) 1010 S. ..... St.

Information should be carefully supplied so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 30960

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30960

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1722 Aliceanna St. (Ward) 2-3

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary S Wytko (Dekowski)

(a) Residence: No. 1722 Aliceanna St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John

6. DATE OF BIRTH (month, day, year): Dec 27 1885

7. AGE: Years 51 | Months — | Days 8 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: housewife

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Poland Bielsko

MOTHER

13. NAME: .....

FATHER

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Mary Pawulski

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: John Dekowski

(Address) 1722 Aliceanna St

18. BURIAL, CREMATION, OR REMOVAL

Place: St. Stanislaus Cem. 1/11/36

19. UNDERTAKER: M. J. Sullivan & Son

(Address) 180 E. Eastern Ave.

20. FILED JAN 9 - 1931 Clyde Kilbourn, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 5, 1931

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an Inquest / Autopsy / Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. M. Wright Coroner, M. D.

(Address) 1005 Druid Hill Ave

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 30961

30961

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 18 S Carey St., 17 Ward).

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Carlisto Taylor

(a) Residence: No. 18 S Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 20 - 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1	1 0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mount Airy Md

FATHER

13. NAME Carroll F Taylor

14. BIRTHPLACE (city or town) (State or country) Blacksburg Va

MOTHER

15. MAIDEN NAME Rosie Cook

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Carroll F Taylor
(Address) 18 S Carey St

18. BURIAL, CREMATION, OR REMOVAL
Place Blacksburg Va Date 1-9- 1937

19. UNDERTAKER Robert Brooks & Son
Calhoun & Hollins sts

JAN 9 - 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/8/37 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 37, 19 .., to Jan 8 37, 19 ..

I last saw h.. alive on Jan 5 37, 19 .. Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Jan 4/37

Other contributory causes of importance: None

Was an operation performed? No Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, Suicide, or Homicide? Date of injury ..., 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Henry B Kolb M.D. M. D.

(Address) 1703 Eutaw

✓ F 30962

30962 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

10.7a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2838 Pelham Ave St. 27-1 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick William Ford Brunier If U.S. Veteran specify WAR .....

(a) Residence: No. 2838 Pelham Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 13 - 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2.	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Frederick W. Brunier

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Lillian B. Goyness

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Frederick W. Brunier

(Address) 2838 Pelham ave.

18. BURIAL, CREMATION, OR REMOVAL 11 37

Place Loudon Park Date Jan 1 38

19. UNDERTAKER F. B. Shipley's Son

(Address) Pre Entam Peace

FILED JAN 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7-37 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24th, 1936, to Jan 7th, 1936.

I last saw him alive on Jan 7th 1937 Death is said to have occurred on the date stated above, at 7:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Jan 4
Other contributory causes of importance: Infection of ear	Dec 20th '36

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed) Adam Ford, M. D.

(Address) 4616 Eastern ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 30963

30963 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

176

Registered No. 27-13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Julia Homes Holmes

(a) Residence: No. 701 Deepdene Rd (Usual place of abode) City St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	W.

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Holmes

6. DATE OF BIRTH (month, day, year) May 26th 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	7	12 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, saw, or, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 Y

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER

13. NAME Charlotte A Hansom

14. BIRTHPLACE (city or town) (State or country) Va

FATHER

15. NAME Edgewell Jane nee Bush

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Romney Holmes

(Address) 701 Deepdene Rd

18. BURIAL, CREMATION, OR REMOVAL Place Lonoke Ark Date 1/9/37

19. UNDERTAKER B. Wyant Son

(Address) 300 E. Lafayette Ave

JAN 9 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7-37. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1936 to Jan 7 1937

I last saw h[illegible] alive on Jan 7 1937. Death is said to have occurred on the date stated above, at 10 30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	1/7/37
Vascular Stroke	1/7/37

Other contributory causes of importance:

Was an operation performed? yes Date of 1/6/37

For what disease or injury? Chole Cystectomy

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. B. Smith M. D.

(Address) Union Mem. Hosp

Information called for on this certificate is necessary for the registration of the fact. Exact statement of the CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

✓ F 30964

F 30964 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 15-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth 70 yrs. mos. ds.

2. FULL NAME Samuel Sodie

If U.S. Veteran specify WAR

(a) Residence: No. 1709 N. Appleton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dresser

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jehiel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Faga

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Isaac Sodie

(Address) 2313 N. Pulaski

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 1-10-37

19. UNDERTAKER Jack Gunn Jr.

(Address) 1939 E. Baltimore St.

20. FILED JAN 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/8/37

22. I HEREBY CERTIFY, That I attended deceased from 12/31/36 to 1/8/37

I last saw him alive on 1/5/37. Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure due to cachexia;	1/8/37
Anemia	
Cancer of S. I tract	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benjamin B. Moss, M. D.

(Address) Sinai Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 30965

30965 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 46-a

Registered No. 15-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2036 Bruton Ave. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Francis Kierson

(a) Residence: No. 2036 Bruton Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sena

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boat Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8064

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Alexander

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Daily R.

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sena Kierson

(Address) 2036 Bruton Ave

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Mem Pk Date 1-10-37

19. UNDERTAKER Geo. Lewis Inc

(Address) 1522 E. Baltimore St

20. FUNERAL DIRECTOR Huntington Pittman

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 9th 1937

22. I HEREBY CERTIFY, That I attended deceased from October 1936 to Jan 9 1937

I last saw him alive on Jan 8 1937. Death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of oesophagus	Sept 36

Other contributory causes of importance:

Terminal Starvation due to obstruction

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Oesophagoscopy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

Signed Benjamin Pushkin M. D.

(Address) Medical Arts Bldg.

NY-1937

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 30966 HEALTH DEPARTMENT—CITY OF BALTIMORE F 30966

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 Chesapeake Ave. St.) Ward 25-6

Length of residence in city or town where death occurred 14 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ellen Poag. (c)

(a) Residence: No. 1806 Chesapeake Ave. St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If ~~married, widowed, or XXXXXX~~ (or) WIFE of Edward Poag.(c)

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	------	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greenville.S.C

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT John H. Hunt.(c) son.

(Address) 1930 Chesapeake Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date 1/10/37 19

19. UNDERTAKER Robt. C. Williams

(Address) 1515 McCulloh St

20. Filed JAN 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Hemiplegia.	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto Reinhardt M. D.
Coroner

1/7/37 (Address) 1017 S. Charles St.

Exact statement of OCCUPATION is very important. See instructions on back of certificate. information should be carefully supplied. AGE should be properly classified. state CAUSE OF DEATH in plain terms, so that it may

M. D. P. 1268-9

F 30967

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30967

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2806 Rayner Av St. 16-6 Ward) 26 hours

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Hubbard

(a) Residence: No. 2806 Rayner Av St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Wht	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) January 7, 1937

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — (000)

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Chas. Columbus Hubbard

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Dorothy Eleanor Kemp

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mother (Address) 2806 Rayner av

18. BURIAL, CREMATION, OR REMOVAL

Cemetery Med. Dale Date Jan 9, 1937

19. UNDERTAKER (Address)

Commissioner of Health

Per M. A. Myers

Registrar of Vital Statistics

JAN 9 - 1937

28.90 W

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 7, 1937, to Jan. 7, 1937

I last saw h... alive on January 7, 1937. Death is said to have occurred on the date stated above, at 11:00 P.M. apparently

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
4½ - 5 month	
Twin	

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ralph Mosteller M.D.

(Address) 1863 W. North av.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 30968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30968 ✓ F 30968

X 107a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Maryland General Hospital, Ward) W-2

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos. 7 ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Mrs Etta Witter

If U.S. Veteran specify WAR

(a) Residence: No. 21 Park Ave, Westminster, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harvey Witter

6. DATE OF BIRTH (month, day, year) Mar. 20 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	9	19 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Carroll Maryland

FATHER

13. NAME Oliver H. P. Mathias

14. BIRTHPLACE (city or town) (State or country) Carroll County Maryland

MOTHER

15. MAIDEN NAME Lydia E. Wampler

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Imo. Reed
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Cemetery Date Jan. 11. 1937

19. UNDERTAKER H. Bankard & Son
(Address) Westminster, Md.

20. FILED JAN 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/8/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 12/21/36. 19.. to 1/8/37. 19..
I last saw her alive on 1/8/37. 19.. Death is said to have occurred on the date stated above, at ..m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Huntington's Chorea.	July '36
Pneumonia.	Dec 21 '36
Embolism.	Jan 8, '37

Other contributory causes of importance: Arteriosclerosis

Was an operation performed? ..Date of ..

For what disease or injury? ..

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..Date of injury ..19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ..

Manner of injury ..

Nature of injury ..

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.

(Signed) Josiah A. Hunt. M. D.
(Address) Md. Gen. Hosp.

F 30969

Edwardor John J. Reiley

✓ F 30969

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 14 North Calhoun St., Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... da.

unknown

If U. S. Veteran specify WAR .....

2. FULL NAME Edward John J. Reiley

(a) Residence: No. 14 N. Calhoun St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Mar 3 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Hugh Reiley

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Old Age Pension Bureau

(Address) Baltimore City

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 1/11 37

19. UNDERTAKER Gorsuch & Jones

(Address) Eastern Ave & Wolfe

20. Filed ..... 19 ..... Registrar .....

N 3 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8 37 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place? .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos H. Phillips M. D.

Coroner

(Address) 1939 Edmondson Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 30970

F 30970

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton ave St., 19-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Steinbacher

If U.S. Veteran specify WAR .....

(a) Residence: No. 547 N. Fulton ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Steinbacher

6. DATE OF BIRTH (month, day, year) May 9 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Mary Weiss

16. BIRTHPLACE (city or town) (State or country) East Md

17. INFORMANT Hospt Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant View Date 1/11 37

19. UNDERTAKER George A. Fahey
(Address) Fulton & Fayette

20. FILED ..... Registrar.

JAN 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1936, to Jan. 8, 1937. I last saw her alive on Jan. 8, 1937. Death is said to have occurred on the date stated above, at 7 55 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	
Other contributory causes of importance: Colloid Carcinoma of Colon	

Was an operation performed? Yes Date of 12-22-36

For what disease or injury? Ovarian tumor

but it closed after suture taken

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. H. Parr, M. D.

(Address) St. Agnes Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(Gaens) ✓ F 30971

F 30971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1111 McCulloh St., Ward 7)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Gaens

If U.S Veteran specify WAR

(a) Residence: No. 1111 McCulloh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of: Charles Gaens

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 74; Months —; Days —; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Frederick Md

FATHER

13. NAME: Thomas Copper

14. BIRTHPLACE (city or town) (State or country): Frederick Md

MOTHER

15. MAIDEN NAME: Rebecca Morris

16. BIRTHPLACE (city or town) (State or country): Frederick Md

17. INFORMANT: Charles Gaens

(Address) 1111 McCulloch

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Jan 9th 1937

19. UNDERTAKER: Elroy C Wilson

(Address) 1700 Brantley ave.

Registrar

JAN 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1935 to Jan. 7, 1936

I last saw her alive on Jan. 6, 1936 (Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tabetes	
Disease of Heart	
Other contributory causes of importance:	
Embolism	

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. Reynolds M.D.

(Address) 62 Linden Ave

Information should be carefully supplied. Any omission or error may delay burial. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 30972

30972 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1207 N Eden St St., 10 Ward) 1
Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clara Smith
If U. S. Veteran specify WAR .....

(a) Residence: No. 1207 N Eden St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	M.

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Wm Smith

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
appox 60	—	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1870
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mr Records
(Address) 1429 E Monument St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Jan 9th 19 37

19. UNDERTAKER Edward O Wilson
(Address) 1001 Brantley Ave

JAN 9 - 1937 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 1937

22. I HEREBY CERTIFY, That I attended Deceased from Oct 1936 to Jan 7 1937
I last saw h. alive on Dec 31 1936. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	Oct 1936
Other contributory causes of importance: Chr Parenchymatous Nephritis & Generalized Anasarca	Oct 1936

Was an operation performed? ..... Date of .....
For what disease or injury? None
Name of operation ..... Date of .....
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. J. Young M. D.
(Address) 1429 E Monument St

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 30973

F 30973

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital Da 25-1 Registered No. 210-9

CITY OF BALTIMORE: (No. ... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William O'Brien If U. S. Veteran specify WAR ...

(a) Residence: No. Belair & Forest St., Catonsville Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate A. O'Brien

6. DATE OF BIRTH (month, day, year) Jan 4 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stationary $1030

10. Date deceased last worked at this occupation (month and year) 1/ 1937

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT William D O'Brien
(Address) 2238 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan. 11, 1937

19. UNDERTAKER Easton Sons
(Address) Druid Hill Ave.

20. Filed ... 19... Registrar.

JAN 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 — 8 —, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed Chest	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1 1937

Where did injury occur? Mt Royal Ave near Maryland
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place Street

Manner of injury Struck by auto while

Nature of injury Fractured Chest

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Hubert Stanley Coard M. D.
Coroner

(Address) 907 N. Calvert

F 30974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30974

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1326 N. Fremont Ave St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Ferdinand Carl Kuhl

(a) Residence: No. 1326 N. Fremont Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Amanda V. Bobility

6. DATE OF BIRTH (month, day, year) May 14th 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sea Food

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Frederick C. Kuhl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Justena Schultz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Virginia Powell
(Address) 1629 N. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 1/11/37, 19

19. UNDERTAKER Geo. Weber & Son
(Address) 2503 - Edmondson Ave.

20. FILED ... Registrar.

JAN 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/7/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1936, to Jan. 7, 1937

I last saw him alive on Jan 7, 1936. Death is said to have occurred on the date stated above, at 7.07 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 5/37
Carcinoma Prostate	1926

Other contributory causes of importance:

Was an operation performed? Yes Date of Nov/36

For what disease or injury? Carcinoma Prostate

Name of operation Electric Curette Date of Nov/36

What test confirmed diagnosis? Lab. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify —

(Signed) G. P. Rios M. D.

(Address) 24 E. Pray

M. D. F. 1268-9

Anna Viola

✓ F 30975

F 30975

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 Arlington Ave) (Street) 22-10 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Viola

(a) Residence: No. 721 Arlington Ave Forest Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tanos Viola

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 6/36

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Hungary.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Michal Fandl

(Address) 721 Arlington Ave. Forest

18. BURIAL, CREMATION, OR REMOVAL

Interment Immaculate Conception 1/12 1937

19. UNDERTAKER F. C. Wigmore & Son

(Address) Mount City Md.

20. FILED JAN 10 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8 1937

22. I HEREBY CERTIFY, That I attended deceased from July 36 to Jan 8 1937

I last saw h alive on Jan 4 1937 Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Louis T. Levy M. D.

(Address) 1844 W. North Ave

S 3

information should be carefully supplied. AGE should be stated accurately. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 30976 HEALTH DEPARTMENT—CITY OF BALTIMORE F 30976

CERTIFICATE OF DEATH

1452-122B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 12-3 Ward)

Length of residence in city or town where death occurred ..... yrs. 4 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Thomas Lee Trantum (Nancy)

(a) Residence: No. 2540 Greenmount Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Mr Thomas Lee Trantum

6. DATE OF BIRTH (month, day, year) 10/9/18

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 10 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Jan 37

11. Total time (years) spent in this occupation 2 mo

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Calvin C. Perdue

14. BIRTHPLACE (city or town) (State or country) Cumberland Md

MOTHER

15. MAIDEN NAME Bessie Klingerman

16. BIRTHPLACE (city or town) (State or country) Cumberland Md

17. INFORMANT (Address) Thomas L. Trantum 2540 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL Place Cumberland Md Date Jan 19th 1937

19. UNDERTAKER (Address) Wm Cook 1219 St Paul St

JAN 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/9/ 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/30/ 1936 to 1/9/ 1937

I last saw her alive on 1/9/ 1937 Death is said to have occurred on the date stated above, at 5:26 A.M

The principal cause of death and related causes of importance were as follows:

Puerperal Sepsis — Dec 30 36
Uric calculitis — Jan 1 37
Pelvic pendulitis — Jan 1 37
Bronchopneumonia — Jan 5 37
Other contributory causes of importance: Paralytic ileus — Jan 5 37

Was an operation performed? Delivered Date of 12-30-36

For what disease or injury? 8 mos pregnancy — Still-born delivered C Section

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19..

Where did injury occur? " "
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury " "

Nature of injury " "

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philip L. Franklin M. D.

(Address) Union Memorial Hosp.

Information should be carefully supplied. Any blank must be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

30977 F 30977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 S. Ellwood Ave. - W. Ward)

Length of residence in city or town where death occurred 83 yrs. 8 mos. 26 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma C. Sander — If U.S. Veteran specify WAR .....

(a) Residence: No. 128 S. Ellwood Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry D. Sander

6. DATE OF BIRTH (month, day, year) Apr 13, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	8	26.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Christian R. Hinternesch

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Catherine M. Dohme

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Katharine Hinternesch
(Address) 128 S. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan. 11, 1937

19. UNDERTAKER Mrs. Mrs. John W. Tuffel & Son
(Address) 801 W. Fayette St.

JAN 10 1937

... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8. 1937.

22. I HEREBY CERTIFY, That I attended deceased from 12/9/36 to 1/8/37
I last saw h.er alive on 1/6/37 Death is said to have occurred on the date stated above, at 3.35 P. m.

The Principal cause of death and related causes of importance were as follows:

	Date of onset prior to death
Senility	
Bronchiectasis	12/9/36
Chronic Myocarditis	
Other contributory causes of importance: Myocardial Insufficiency	1/6/37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Bloodgood Sanden M. D.

(Address) 151 E. North Ave

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 30978

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Curtis Lee

(a) Residence: No. Bay 212 (212) St., ... Ward. Sp Point
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sadie

6. DATE OF BIRTH (month, day, year): 3-22-1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Steel Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): W Va

FATHER

13. NAME: Wm Lee

14. BIRTHPLACE (city or town) (State or country): W Va

MOTHER

15. MAIDEN NAME: Ruth Swagger

16. BIRTHPLACE (city or town) (State or country): W Va

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 1/10/37

19. UNDERTAKER: Bernard C Funk

(Address) 644 Belair Road

JAN 10 1937 Huntington Avenue, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1936, to Jan 6, 1937

I last saw him alive on Jan 6, 1937. Death is said to have occurred on the date stated above, at 8 15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
typhoid fever	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Blood Stool } Castroparatyphi B. Typhosus Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury [redacted] in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles A. Janeway, M. D.

(Address) 525 North Wolfe St

Information should be carefully and completely supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1261-a

F 30979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30979

165

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 McKean ave. St., 16 Ward) 14

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Christian Kensel

(a) Residence: No. 1125 McKean ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 11

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm. Peter Meredith

(Address) 1125 McKean ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Interment Loudon Date 1/19/37 19

19. UNDERTAKER Bergen & Feldt

(Address) 641 Belair Road

20. FILED JAN 19 1937 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at January 7 5-6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hang self with small rope	

Other contributory causes of importance: Melancholia mentally deranged.

Was an operation performed? Date of .....

For what disease or injury? .....

Name of operation Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1/7 1937

Where did injury occur? in home 1125 McKean ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury hung self with rope

Nature of injury Strangled

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. Hann Carey M. D. Coroner

(Address) 1215 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 30980

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30980

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1909 Harlem Ave. St. 16-A Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ada Charles Burall

If U.S. Veteran specify WAR

(a) Residence: No. 1909 Harlem Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William L. Burall

6. DATE OF BIRTH (month, day, year) Jan. 3rd 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	-----	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Billing Machine Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Sugar Refinery

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James Lawrence Charles

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Eva May Hacker

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Eva May Charles
(Address) 1909 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Md. Date Jan 11" 1937

19. UNDERTAKER Chas P. Booth
(Address) 1003 N. Baltimore St

JAN 10 1937

Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan. 8th 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5. 1936 to Jany 8 1937

I last saw her alive on Jany 7 1937 Death is said to have occurred on the date stated above, at 11.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis (General) see note	
Other contributory causes of importance? Myocarditis	

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George L Shannon M. D.

(Address) 706 N. Fulton Avenue

Remington Pennsylvania

D

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 30981

F 3098 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3600 Parkdale Ave. Ward) 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME William A. Shaffer

(a) Residence: No. 3600 Parkdale Ave. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lydia Shaffer.

6. DATE OF BIRTH (month, day, year) Nov 4 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48.	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fire Repairman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Martin J. Barry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Jacob Shaffer.

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Mary A.

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Lydia Shaffer.

(Address) 3600 Parkdale Ave.

18. BURIAL, CREMATION, OR REMOVAL Md. Mt. Olivet, Randallstown Jan 11, 1937

19. UNDERTAKER Chenowith & Son.

(Address) 3615-17 Chestnut Ave.

JAN 10 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1937.

22. I HEREBY CERTIFY, That I attended deceased from June 8th, 19 37 to Jan 9th, 19 37. I last saw h[illegible] alive on Jan 9th, 19 37. Death is said to have occurred on the date stated above, at 4:00 a. m.

The principal cause of death and related causes of importance were as follows: Cerebral Hemorrhage

Duration of each 1 Yr

Other contributory causes of importance: High Tension, Arterio Sclerosis

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Hemorrhage of Left ventricle Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. Leech, M. D.

(Address) 3614 Falls Rd. Baltimore

Information should be carefully supplied. AGE should be stated EXACTLY. Fractions of time should be stated. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F. D. 30982 ✓ F 30982

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St. 12-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Laura V. Royston

(a) Residence: No. 2120 Maryland Ave St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence E. Royston

6. DATE OF BIRTH (month, day, year) July 5 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Gilston T. Williams

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Fitzgerald

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mary A. Winemiller

(Address) 2400 Maryland Ave.

18. BURIAL, CREMATION, OR REMOVAL

~~Funeral~~ Burial Baltimore Md. Date Jan 12, 1937

Undertaker

19. UNDERTAKER Ehrnowitson

(Address) 3651 Ehrnowitson

FILED JAN 13 1937 Huntington Fitzgerald

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
gastric Carcinoma	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. M. Wright M. D.

(Address) 1010 S. Belnord Ave

N. B.—WRITE LEGIBLY. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 30983

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30983

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 746 Fulton Ave St., 10th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sophie Dittus

(a) Residence: No. 1200 Valley St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Dittus

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Wakeland

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Eliz. Hanna.

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Sister Stanislaus Superior
(Address) Little Sisters of the Poor

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan 11. 19 37

19. UNDERTAKER Rita Weidfeld
(Address) 714 Greenmount Ave

20. FILED ..... 19 ..... Registrar.

JAN 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 36 to Jan 8 1937

I last saw her alive on Jan 6 1937. Death is said to have occurred on the date stated above, at 1230A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr nephritis	?
Other contributory causes of importance: Arteriosclerosis	?
Senility	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Autopsy No

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, state how .....

(Signed) L. M. C. Carlson M. D.

(Address) 1114 Hartford Ave

X. B.—WRITE PLAINLY, with unfading ink. All information should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 30984

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30984

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Little Sisters of the Poor. Registered No.

CITY OF BALTIMORE: (No. 1200 Valley St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William Golden If U. S. Veteran specify WAR

(a) Residence: No. 1200- Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME Michael Golden

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Jane Mc Donald

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Supr. (Address) Little Sisters of the Poor, 1200 Valley St

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date Jan 12, 1937

19. UNDERTAKER Fola Wendefeld (Address) 917 Greenmount Ave

20. FILED JAN 10 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1936 to Jan 10, 1937

I last saw him alive on Jan 8, 1937 Death is said to have occurred on the date stated above, at 1:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	?
Other contributory causes of importance:	
Chr. Nephritis	?
Arterial Sclerosis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation Autopsy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. C. Parker, M. D.

(Address) 1127 Druid Park Drive

N. B.—WRITE PLAINLY, with pen and ink. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 10 1937

M. D. B 1268-9

F 30985

30985 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) ?

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Adam. Hampfling

(a) Residence: No. 204 E 22nd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Care Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of Shoe.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Adam. Hampfling.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Mary. ?

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs Mary C Vogt.

(Address) 204 E. 22nd St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Woodlawn. Date Jan. 11th. 37

19. UNDERTAKER Bernard C. Harle.

(Address) 121 E West St.

20. FILED JAN 10 1937 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 9th 1937

22. I HEREBY CERTIFY, That I took ~~charge~~ of the case described above, held an ~~inquest~~ (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ~~inquest~~ (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiorascular hypertension	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. M. Wright Coroner, M. D.

(Address) 1010 S. Ellwood Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 30986 ✓ F 30986

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No.) St. 1-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward H. Smith

If U.S. Veteran specify WAR .....

(a) Residence: No. 345 W. Biddle St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Negro	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 28, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year) 2 yrs. ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Eastern Shore
(State or country) Md.

FATHER

13. NAME Julius Smith

14. BIRTHPLACE (city or town) Eastern Shore
(State or country) Md.

MOTHER

15. MAIDEN NAME Unk Ella Taylor.

16. BIRTHPLACE (city or town) Eastern Shore
(State or country) Md.

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Interment Pocomoke City, Md. 1-10-37

19. UNDERTAKER Bernard P. Hemsley
(Address) 818 Druid Hill Ave

20. FILED JAN 10 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 30, 1936, to January 8, 1937.

I last saw him alive on January 8, 1937. Death is said to have occurred on the date stated above, at 1:14 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic far advanced	1 yr.
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. H. Bryant, M. D.

(Address) U.S. Marine Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

M. D. B. 1268-3

F 30987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 30987

82-W

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4811 Arabia Ave. St., 27-3 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Fredericka Feathers

(a) Residence: No. 4811 Arabia Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Feathers

6. DATE OF BIRTH (month, day, year) Jan. 31, 1874.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	11	8 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME John H. Schaefer

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna R. Cook

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Willian Feathers

(Address) 4811 Arabia Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan. 11, 19 37

19. UNDERTAKER Harry E. Nitzke

(Address) 4101 Johnson Ave.

20. FILED 19

Registrar.

JAN 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/8/37 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 19 34 to 1/8/37 19

I last saw her alive on 1/8/37 19 Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteri Sclerosis. Hypertension	
Other contributory causes of importance: Cerebral Hemorrhage	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas Feather M. D.

(Address) 5703 Eberspeck Rd

F 30988

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30988

CERTIFICATE OF DEATH

95-B

N. B.—WRITE PLAINLY. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? 27-1 yrs. mos. ds.

2. FULL NAME Anna E. Eberhardt

(a) Residence: No. 4147 Mary Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Eberhardt

6. DATE OF BIRTH (month, day, year) May 10th 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frederick (State or country) Maryland

FATHER

13. NAME George Young

14. BIRTHPLACE (city or town) Frederick (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country) Unknown

17. INFORMANT Jacob Eberhardt (Address) 4147 Mary Ave.

18. BURIAL, CREMATION, OR REMOVAL Baltimore Cemetery Date Jan. 13th 1937

19. UNDERTAKER Frederick Goodwin Sons (Address) 7401 Belair Road

AN 10 1937 Huntington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1937 to Jan 9, 1937

I last saw h alive on Jan 7, 1937. Death is said to have occurred on the date stated above, at 12 50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 wk
Hypertension	?
Other contributory causes of importance:	
Hypertension Heart disease	?

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place —

Manner of injury —

Nature of injury —

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank R Stephenson, M. D.

(Address) St Joseph Hospital

F 30989

30989 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 E. North Ave. St.) (E-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Jennette M. Beecher

(a) Residence: No. 1609 E. North Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James B. Beecher

6. DATE OF BIRTH (month, day, year) 1-22-1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Queen Town (State or country) Md

FATHER

13. NAME Samuel Hampton

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Anna Haddaway

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT F. G. Ruch
(Address) 5305 Belfast Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Queen Town Md Date 1/17 19 37

19. UNDERTAKER Leonard F. Ruck
(Address) 5305 Harford Rd.

20. FILED JAN 19 1937 19 H. Livingston Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/18 19 37

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 19 37 to Jan 8 19 37 Death is said to have occurred on the date stated above, at 6:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
& Cardiac Decompensation	

Other contributory causes of importance:

Pulmonary Oedema

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Schenuit M. D.

(Address) 237 So. Charles St.

N. B.—WRITE PLAINLY, WITH CAPABLE INK. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 30990

M. D. B 1268-9

30990 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1937

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 56-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Carl C. Bauermann

(a) Residence: No. 5400 Knell Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence E. Bauermann

6. DATE OF BIRTH (month, day, year) Jan. 26 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Splicer Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. G.E.Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jacob Bauermann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie Repp

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Florence E. Bauermann

(Address) 5400 Knell Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date Jan 12 1937

19. UNDERTAKER Leonard Rapp

(Address) 530 S. Howard St.

20. FILED JAN 12 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8 1937 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Electrocution	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident Jan 8 1937 . 19

Accident, suicide, or homicide? Date of injury

Where did injury occur? Lexington & Va Baltimore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Street

Manner of injury Struck by live wire

Nature of injury Electrocuted

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Wheeler Coroner . M. D.

(Address) 2737 E. Mon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V S 6

IN 10 1937

F 30991

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30991

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 27-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Haywood

If U. S. Veteran specify WAR

(a) Residence: No. 2715 Bayonne Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rhoda

6. DATE OF BIRTH (month, day, year) 1/11/1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabt Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0014

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vt.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Brattleboro Vt Date 1/11 1937

19. UNDERTAKER: Leonard D Leach
(Address) 1300 Eutaw Pl.

20. FILED , 19 Registrar

JAN 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-5- 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-2- 1937 to 1-5- 1937

I last saw him alive on 1-5 1937 Death is said to have occurred on the date stated above, at 3:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Hypertrophy of prostate	1 mo.
Other contributory causes of importance:	
Arteriosclerotic Cardio-vascular disease	?

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, state

(Signed) W Hoose M. D.

(Address) Balt. City Hosp

N. B.—WRITE PLAINLY, WITH LEAD PENCIL OR PEN AND INK. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 30992

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30992

CERTIFICATE OF DEATH

✓ 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5118 Harford Rd St. 773 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John P. Hoffman

If U.S. Veteran specify WAR .....

(a) Residence: No. 5118 Harford Rd. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) Nov 22 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railway

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md. (State or country)

FATHER

13. NAME John Peter Hoffman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Rohler

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT John Hoffman

(Address) 5118 Harford Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 1-11 19 37

19. UNDERTAKER Leonard Mord

(Address) 3505 Harford Rd

20. FILED ... 19 ... Registrar.

JAN 13 1937

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1936 to Jan 7 1937

I last saw him alive on Jan 7 1937. Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Dec 7-1936
Other contributory causes of importance:	
Hypostatic Pneumonia	Jan 3rd 37

Was an operation performed? no. Date of .....

For what disease or injury? none

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? none. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) K. L. Gordy M. D.

(Address) 5106 Harford Rd

M. D. B. 1268-9

F 30993

30993 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30993

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No.) Hebrew Home for Aged (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Sarah Friedberg

(a) Residence: No. Belvedere Greenspring Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Morris

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Hyman Lewis

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Brynie Gottlieb

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Supt. Levindale

(Address) Belvedere & Greenspring Aves.

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Road Date Jan 10 1937

19. UNDERTAKER Sol Levinson & Bros

(Address) 1121 E Balto St

20. FILED 19 [illegible]

JAN 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-10 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-27 1936 to 1-10 1937

I last saw her alive on 1-10 1937 Death is said to have occurred on the date stated above, at 5.30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertension	
Chr. Myocarditis	
Other contributory causes of importance:	
Chr. Bronchitis	

Name of operation Date of

What was confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) H. Edmund Korn M. D.

(Address) Levindale

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 30994

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30994

49a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital St., (Ward) 8

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Morrison Smith

(a) Residence: No. 1613 E. North St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Morgan H. Hutton

6. DATE OF BIRTH (month, day, year) 5/27/1882

7. AGE	Years	Months	Days	If LESS than 1 day ~~hrs.~~ or ~~min.~~
	54	7	17	11

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Lynchburg, Va

FATHER

13. NAME John Morrison

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna Moroney Hurley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Siegelwold

(Address) 208 Tunbridge Road

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Cathedral Date 1/10/37, 19

19. UNDERTAKER Gregg & Routh Inc

(Address) 230 W. Preston

20. FILED JAN 10 1937, 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1936 to Jan 8, 1937

I last saw h[illegible] alive on Jan 8, 1936 Death is said to have occurred on the date stated above, at 6.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Carcinomatosis	unknown

Other contributory causes of importance:

none	over

Was an operation performed? yes Date of Jan 2, 1937

For what disease or injury? for diagnosis

What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank R Stephenson M. D.

(Address) St Joseph's Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

30995 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 30995

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME Mr Joseph F. Crouse

If U.S. Veteran specify WAR No

(a) Residence: No. 3925 Greenmount Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write, the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida V. (Keith)

6. DATE OF BIRTH (month, day, year) 12/2/1861

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
75	1	6	X

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Life Ins. Agt.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph Crouse.

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Cassandra Roberts

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT J. M. Crouse.

(Address) 3925 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Jan 11th 1937

19. UNDERTAKER George J. Ortlip Son

(Address) 1230 Harford Ave

FILED JAN 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/8/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 1/5/37. 19.... to 1/8/37. 19....

I last saw h.. alive on 1/8/37. 19.. Death is said to have occurred on the date stated above, at 9:25 p m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Cardiac Myocardial failure.

Date of onset

Other contributory causes of importance:

Chronic nephritis.

Was an operation performed? No. Date of

For what disease or injury?

What test confirmed diagnosis? Clinical. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Josiah A. Hunt. M. D.

(Address) Md. Gen. Hospital.

N. B.—WRITE PLAINLY, WITH CAPABLE INK—THIS IS A LEGAL DOCUMENT. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 30996 (Keith) F 30996

M. D. D. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

52

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital 2-5-1 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mo. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Keith

If U. S. Veteran specify WAR

(a) Residence: No. 1792 Lanier Place St., Washington D.C. N.W. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Keith

6. DATE OF BIRTH (month, day, year) Dec 18 - 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Architect

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Frederick W. Keith.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Mable Thelo

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Edith Keith

(Address) 1792 Lanier Place

18. BURIAL, CREMATION, OR REMOVAL

Place Washington DC Date Jan 10 1938

19. UNDERTAKER Wolfson & Brenner Inc

(Address) North & Howard Sts

20. FILED JAN 10 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of face	
Cardiac Embolism	Jan 7 37

Other contributory causes of importance:

Carcinoma of face

Was an operation performed? yes Date of

For what disease or injury? carcinoma

Name of operation Surgical Date of 1937

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos H Kelly Jr M. D. Coroner

(Address) 1939 Edmondson Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 30997

F 30997 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 Maldeis St. St., 21-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Cadden

(a) Residence: No. 1019 Maldeis St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE~~ Christina Cadden

6. DATE OF BIRTH (month, day, year) 1/13/1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME James Cadden

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. Christina Cadden
(Address) 1019 Maldeis St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 1/12/37 19

19. UNDERTAKER Ambrose Long
(Address) 1017 W. Cross St.

20. FILED JAN 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8, 1937 19

22. I HEREBY CERTIFY, That I attended deceased from December 27, 1937 to Jan. 8, 1937

I last saw him alive on Jan. 7, 1937 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypotensive cardio vascular disease	3 mos. prior to death.

Other contributory causes of importance:

Name of operation - - - Date of --

What test confirmed diagnosis? p. f Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Deibel M. D.

(Address) 1224-1226 Hanover St.

M. D. B 1263-9

F 30998 HEALTH DEPARTMENT—CITY OF BALTIMORE F 30998

CERTIFICATE OF DEATH

94-3

1. PLACE OF DEATH Lifton Memorial Hospital

CITY OF BALTIMORE: (No. 1000 East Baltimore St., 2nd Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Murray L. Byrne

(a) Residence: No. 504 Chapel Gate Lane St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Edna Byrne

6. DATE OF BIRTH (month, day, year) Nov. 25 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Capt in Fire Department

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Fire Department

10. Date deceased last worked at this occupation (month and year) 1/7/37

11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joseph Byrne

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Mary E. Payton

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Edna Byrne

(Address) 504 Chapel Gate Lane

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 11, 1937

19. UNDERTAKER Flynn, Kehoe

(Address) 2301 Edmondson Ave

20. FILED ..... 19 .....

JAN 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... and that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above, 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Coronary Thrombosis	
2.	
3.	
4.	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. Hamm Cronin, M. D. Coroner

(Address) 1215 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 30999

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 30999

CERTIFICATE OF DEATH

V 95-B

Registered No. 10-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 130 Greenmount Ave Ward)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret McWilliams

(a) Residence: No. 730 Greenmount Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 15 47

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Florence Stefanovich

(Address) 730 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Bradshaw Md Date Jan 12, 1937

19. UNDERTAKER J. Vernon Kushner

(Address) 2301 Edmondson Ave

JAN 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from November, 1936 to January 8, 1937

I last saw her alive on Jan 8, 1937. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis c	
Left hemiplegia	Jan 2, 1937
Terminal Bronchopneumonia	Jan 4, 1937

Other contributory causes of importance:

generalized arteriosclerosis	?
Arteriosclerotic heart disease	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert L. Glass, M. D.

(Address) 876 Washington Blvd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.-12-23-21-E.B.P.S.-400 Pks.

F 31000

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31000

CERTIFICATE OF DEATH.

V 92-a

1-PLACE OF DEATH

Registered No. 10-7

City of BALTIMORE: (No. 423 London Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agatha Froehlich

(a) Residence No. 423 London Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? 66 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: white

5-Single, Married, Widowed, Divorced, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Feb. 4, 1856

7-AGE: 80 yrs. 11 mos. 6 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Home work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baden, Germany

PARENTS:

10-NAME OF FATHER: Frank Froehlich

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Caroline Huffner

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14-INFORMANT: Mildred Davenport

(Address) 423 London Ave,

15- Filed JAN 13 1937

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 1/9/37

17- I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1936 to Jan 9, 1937

that I last saw her alive on Jan 9, 1937

and that death occurred, on the date stated above, at 2:15 A.M.

The CAUSE OF DEATH* was as follows:

Broncho - pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Ch. valvular heart disease

(Duration) unknown mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? usual signs

(Signed) Geo. E. Wells M. D.

, 19 (Address) 4100 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: 1/12, 19

20-UNDERTAKER: Fuhr Mc-Cauley

ADDRESS: 130 E Fo

R—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of info should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 31001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F. 164-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yr. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James W Jackson

If U. S. Veteran specify WAR .....

(a) Residence: No. 603 W. Fayette St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Not Known

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mr Bagley

(Address) 716 W Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 1/11 19 37

19. UNDERTAKER Edward Lamm

(Address) 235 E Lexington St

20. FILED JAN 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gas Poison (Illumating)	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Jan. 6, 1937 19

Where did injury occur? Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury turn gas on stove

Nature of injury Gas Poison

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) T. H. Wallace M. D.

(Address) 2787 N Ross St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS MARGIN RESERVED FOR BINDING

F 31002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 301 Warren Ave., St., 24th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME J. Blanche Lewis

If U.S. Veteran specify WAR

(a) Residence: No. 301 Warren Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham L. Lewis

6. DATE OF BIRTH (month, day, year) June 14, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Patterson, N.J.

FATHER

13. NAME George L. DeVed

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Louise Smith

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Abraham L.Lewis
(Address) 301 Warren Ave.,

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan. 11, 1937

19. UNDERTAKER John F. Denny
(Address) 715 Light St.

FILED JAN 10 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1926 to Jan 7 1937

I last saw h alive on Jan 7 1937. Death is said to have occurred on the date stated above, at 7.45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Jan 7
	4 hrs
	0
	0
Other contributory causes of importance: Myocarditis	10 yrs
	1 mo

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 31003

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31003

CERTIFICATE OF DEATH

95-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 E. Hoffman St. 9-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Magdelena Bueker

(a) Residence: No. 1106 E. Hoffman St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry M. Bueker

6. DATE OF BIRTH (month, day, year) May 3 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	8	05	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Pa

FATHER

13. NAME Henry Wagaman

14. BIRTHPLACE (city or town) (State or country) York Pa.

MOTHER

15. MAIDEN NAME Katherine Decker

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Madeline Wade

(Address) 916 Chesapeake Ave. Towson Md

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan. 11 1937

19. UNDERTAKER William F. Schaeffer

(Address) 1468 Monument St

Filed JAN 12 1937, 19... Registrar

Huntington Forbairds, Jr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/9 1934 to 1/8 1937

I last saw her alive on 1/7 1937. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1/6/37
Other contributory causes of importance: Arteriosclerotic Cardiovascular disease	?

Name of operation ... Date of ...

What test confirmed diagnosis? P.E. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph S. Bluem M. D.

(Address) 1206 E. Preston St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31004

F 31004 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 Gorsuch Ave. St. 9-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertram R. Bowen, If U. S. Veteran, specify WAR Spanish & World

(a) Residence: No. 1118 Gorsuch Ave. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M. Bowen,

6. DATE OF BIRTH (month, day, year) February 12. 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chef

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 20Yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm. I. Bowen,

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Helen Rolfphe,

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs Annie M. Bowen (Address) 1118 Gorsuch Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date JAN 12 1937 19

19. UNDERTAKER Geo W Sittle (Address) 2700 Edmondson Ave.

20. FILED 19 Registrar

JAN 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 9 1937 19

22. I HEREBY CERTIFY, That I attended deceased from June 1 1936 to Jan. 9 1937

I last saw h alive on Jan 8 1937. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Pulmonary Tuberculosis	

Other contributory causes of importance: None.

Was an operation performed? No Date of

For what disease or injury? None

Name of operation None Date of

What test confirmed diagnosis? Path & Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W Endell Dalley M. D.

(Address) Lt Vet Adm Ft McHenry Baltimore Md.

F 31005

F 31005

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 11-B

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 9-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Calvin Eugene Richards

If U. S. Veteran specify WAR .....

(a) Residence: No. Westwood, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 15, 1923.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	13	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westwood, Md.

FATHER

13. NAME Alvin Richards

14. BIRTHPLACE (city or town) (State or country) T.B. Md.

MOTHER

15. MAIDEN NAME Sadie Reed

16. BIRTHPLACE (city or town) (State or country) Westwood Md.

17. INFORMANT (Address) Records Sydenham Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Baden Md. Date Jan 10. 1937

19. UNDERTAKER (Address) Ritchie Bros Upper Marlboro Md

JAN 10 1937

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan. 10. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1937 to Jan. 10 1937

I last saw him alive on Jan. 10, 1937. Death is said to have occurred on the date stated above, at 6:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzal meningitis	1/4/37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Sidney Selman, M. D.

(Address) Sydenham Hospital

M. D. B. 1288-b

F 31006

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31006

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH Provident Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Bacon — If U. S. Veteran specify WAR .....

(a) Residence: No. Edmondale City Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Cd	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Irene Bacon

6. DATE OF BIRTH (month, day, year) Mar 12 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Harbor Lodge

10. Date deceased last worked at this occupation (month and year) 12/36

11. Total time (years) spent in this occupation 2yr

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Bacon

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Bacon

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Martha Bacon Jr
(Address) Edmondale City Md

18. BURIAL, CREMATION, OR REMOVAL
Place Western Star Date 1/12 1937

19. UNDERTAKER F. C. Hinkelmann Jr.
(Address) Edmondale City Md

JAN 10 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquiry thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Spine	1/8/37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1/8 1937

Where did injury occur? Elm St Edmondale City Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Standing and walking

Nature of injury Fell

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Hutchinson M. D.
Coroner

(Address) 922 N Eden

F 31007

F 31007 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-92a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 930 N Sharp St. 23-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mary M. Bagley Larkins

If U. S Veteran specify WAR .....

(a) Residence: No. 930 N Sharp St., 23 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Larkins

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundress 104

10. Date deceased last worked at this occupation (month, day, year) 1930

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Minnie Hughes

14. BIRTHPLACE (city or town) (State or country) Unknown Md

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Minnie Other

(Address) 848 S. Eutaw St.

18. BURIAL, CREMATION, OR REMOVAL

Place Dorchester Co, Md. Date Jan 11, 19 37

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

Registered Rote, Christ

JAN 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/8/37

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 36, to 1/8/37

I last saw h[er] alive on 1/7/37. Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	7/24/36

Other contributory causes of importance: Arteriosclerosis

Was an operation performed? none Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Geo Bagley M. D.

(Address) 930 N Sharp St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

F 31008

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31008

19866

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Willie Brown

If U. S. Veteran specify WAR .....

(a) Residence: No. 1625 Faith Lane St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) 12-25-1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00440

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) South Carolina (State or country)

FATHER

13. NAME Charlie

14. BIRTHPLACE (city or town) S. C. (State or country)

MOTHER

15. MAIDEN NAME Clara Brown

16. BIRTHPLACE (city or town) S. C. (State or country)

17. INFORMANT Records of Balto. City Hospts. (Address)

18. BURIAL, CREMATION, OR REMOVAL N. C. Place Winston Salem Date 1-12 1937

19. UNDERTAKER Chas Alexander (Address) 1238 Druid Park Lane

20. FILED JAN 13 1937 19 ..... Registrar. Huntington Pittsburgh, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-9 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-30 1936 to 1-9 1937

I last saw him alive on 1-9 1937 Death is said to have occurred on the date stated above, at 9:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular Renal Disease	5 mos

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospitals

F 31009

HEALTH DEPARTMENT—CITY OF BALTIMORE

31009

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 11-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard Mess

(a) Residence: No. 1216 N. Calvert St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Adeline Quinlevan

6. DATE OF BIRTH (month, day, year): Sept 16th 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0054

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Henry Slees

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Mary Dudley

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Catherine O'Halloran

(Address) 1216 N Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Jan 13 19 37

19. UNDERTAKER: Henry H Jenkins & Sons Co

(Address) Oakland 1402 Eutaw St

[illegible] Huntington [illegible] Disease

JAN 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1936 to Jan 9, 1937

I last saw him alive on Jan 9, 1937 Death is said to have occurred on the date stated above, at 5 40/60 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Dec. 28
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Frank R Stephenson M. D.

(Address) St Joseph Hospital

M. D. H. 1268-9

F 31010

F 31010 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1637 Wilkins Ave St. 19-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jane Logue Dailey

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1637 Wilkins Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Dailey

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Peter Logue

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Nancy McGrogan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Catherine L. Killeen

(Address) 1637 Wilkins Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Date Jan 12 1937

19. UNDERTAKER Wm Cook

(Address) 1217 E Fayette St

20. FILED JAN 11 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9-37. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above. 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	Jan 8-1937

Other contributory causes of importance: Ulcer of right leg.

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Phillips Coroner M. D.

(Address) 1939 Edmondson Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V5 6

M. D. B. 1268-9

31011 HEALTH DEPARTMENT—CITY OF BALTIMORE E 31011

CERTIFICATE OF DEATH

948

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 416 E. 22 St. 12-4 Ward)

Length of residence in city or town where death occurred 25 yrs. Lifetime ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Honora Shipley — No Record

(a) Residence: No. 416 E. 22 St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 11 1937

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joshua Shipley

6. DATE OF BIRTH (month, day, year) July 28, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hawk. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt. Savage, Md.

FATHER

13. NAME George Logston

14. BIRTHPLACE (city or town) (State or country) Mt. Savage Md

MOTHER

15. MAIDEN NAME Mary Lancaster

16. BIRTHPLACE (city or town) (State or country) Mt. Savage Md.

17. INFORMANT Son Mr. Eugene Shipley
(Address) 623 E. 41st St

18. BURIAL, CREMATION, OR REMOVAL
Place St. Johns Lang Yard Date Jan 12th 1936

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-9-1937

22. I HEREBY CERTIFY, That I attended deceased from 12-8-1927 to 1-9-1937

I last saw h[illegible] alive on 1-9-1937 Death is said to have occurred on the date stated above, at 7 05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Coronary Arteriosclerosis	Unknown

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Jno. B. Gilbert M. D.

(Address) 3802 Harford

M. D. B. 1268-9

F 31012

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31012

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md General Hospital 1/52

CITY OF BALTIMORE: (No.) St., 27-17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Thompson, If U. S. Veteran specify WAR No Record

(a) Residence: No. 3012 Waddland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eunice F Thompson

6. DATE OF BIRTH (month, day, year) Sept 23. 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U S Government

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany,

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany,

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany,

17. INFORMANT (Address) Eunice F Thompson 3012 Waddland,

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Jan 12th 1937

19. UNDERTAKER (Address) W. J. Cook 1217 St Paul St

FILED JAN 11 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above. 41 Yrs,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of stomach, age 71 yrs a few weeks	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hann Carey M.D. Coroner

(Address) 1215 Hanover

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

31013 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 31013

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1405 Poplar Grove St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Edward Booker

If U.S. Veteran specify WAR No Record

(a) Residence: No. 1405 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Harriett G. Booker

6. DATE OF BIRTH (month, day, year) Feb 15th 1875

7. AGE Years	Months	Days	If LESS than 1 day.....hrs. or min.
61	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Painting 6016

10. Date deceased last worked at this occupation (month and year) 12/29/36

11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Tansa Booker

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Emma Knight

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Harriett G. Booker
(Address) 1405 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 11th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

Registrar

FILED JAN 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8th 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/5/37 to 1/8/37 1937

I last saw him alive on 1/8/37 1937 Death is said to have occurred on the date stated above, at 3:30 P. m.

The principal cause of death and related causes of importance were as follows:

Hypertensive arteriosclerotic vascular disease. — Date of onset

Other contributory causes of importance: acute dilatation of heart

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jas O Byerly M. D.

(Address) 3175 W North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

31014 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 31014

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2706 Elliott St. 1-4 (Ward)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minnie R Nagle

If U.S. Veteran specify WAR ..... No. .....

(a) Residence: No. 2706 Elliott St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Nagle

6. DATE OF BIRTH (month, day, year) Dec. 26 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Middletown N Y

FATHER

13. NAME Nelson Simonson

14. BIRTHPLACE (city or town) (State or country) Surry Va

MOTHER

15. MAIDEN NAME Phoebe Bogarte

16. BIRTHPLACE (city or town) (State or country) Orange Co. N.Y.

17. INFORMANT Mrs. D. Thompson

(Address) New York

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Jan 12 1937

19. UNDERTAKER Mrs Cook

(Address) 1217 St Paul St

20. FILED JAN 11 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9 1937

I HEREBY CERTIFY, That I attended deceased from Dec 1 36 to Jan 9 37

I last saw ... alive on Jan 9 1937 Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Trouble	Oct. 1934

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so specify .....

(Signed) William L Rawlins M.

(Address) 801 47 Cheltenham

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

31015 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 31015

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1801 E. 33rd St., 9-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel J. Mc Dowell

If U.S. Veteran specify WAR No Record

(a) Residence: No. 1801 E. 33rd St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Annie L Mc Dowell

6. DATE OF BIRTH (month, day, year) Aug 29th 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	4	11 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister 018

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Of Gospel

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) York Co Penna

FATHER

13. NAME Isaac Mc Dowell

14. BIRTHPLACE (city or town) (State or country) York Co Penna

MOTHER

15. MAIDEN NAME Eliza Perling

16. BIRTHPLACE (city or town) (State or country) York Co Penna

17. INFORMANT Annie L. Mc Dowell

(Address) 1801 E. 33rd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Jan 12th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED JAN 11 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 1937 to Jan 9th 1937

I last saw h[illegible] alive on Jan 9 1937. Death is said to have occurred on the date stated above, at 11 35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic - Sclerosis	25 yrs
Cerebral Hemorrhage	2 days

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Walter A Anderson, M. D.

(Address) 3501 Sharon Drive

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 31016 HEALTH DEPARTMENT—CITY OF BALTIMORE E 31016

CERTIFICATE OF DEATH

1131

1. PLACE OF DEATH
CITY OF BALTIMORE: (a) 2830 Lock Raven Rd St., 4 Ward.
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edwin Paris
If U.S. Veteran specify WAR Civil
(a) Residence: No. 2830 Lock Raven Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Sarah Jane Paris

6. DATE OF BIRTH (month, day, year): Feb 5 1844

7. AGE: Years 92 | Months 11 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Trust Officer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Colonial Trust Co
10. Date deceased last worked at this occupation (month, day, year): 1936
11. Total time (years) spent in this occupation: 17 yrs

12. BIRTHPLACE (city or town) (State or country): Appomattox C.H. Va

FATHER
13. NAME: Henry Thomas Paris
14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER
15. MAIDEN NAME: Sarah Finley Lamb
16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Mrs Mary Mac Coblins
(Address) 2830 Lock Raven Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Jan 12 37

19. UNDERTAKER: William Cook
(Address) 1217 St Paul Street

20. FILED JAN 11 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 10 37

22. I HEREBY CERTIFY, That I attended deceased from Jany 4 1937 to Jany 10 1937
I last saw him alive on Jany 8 1937. Death is said to have occurred on the date stated above, at 9.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	1-4-37

Other contributory causes of importance:
Senility and Nephritis Not Known

Was an operation performed? No Date of
For what disease or injury?
What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Jno O. Gillsborough M. D.
(Address) 1415 Cedar Croft Rd.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31017

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31017

CERTIFICATE OF DEATH

1-107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 N. Milton ave. St. 8-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Margaret Ahley

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1105 N. Milton ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 7, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Ernest C. Ahley

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Virginia Bandyke

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Ernest C. Ahley

(Address) 1105 N. Milton ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 12th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	
Other contributory causes of importance: —	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1914 E. North ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

F 31018

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31018

CERTIFICATE OF DEATH

✓108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2405 Montbella Terrace St., 27-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James H. Cooper

If U. S. Veteran specify WAR .....

(a) Residence: No. 2405 Montbella Terrace St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Martha Cooper

6. DATE OF BIRTH (month, day, year) Feb. 28, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... m.
62	11 10	— 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bank janitor 370

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Calvert Bank

10. Date deceased last worked at this occupation (month and year) 1-2-34

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) St Marys Co. Md

FATHER

13. NAME Thomas Cooper

14. BIRTHPLACE (city or town) (State or country) St Marys Co. Md

MOTHER

15. MAIDEN NAME Charlotte Carter

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md

17. INFORMANT (Address) James H. Cooper 2405 Montbella Terrace

18. BURIAL, CREMATION, OR REMOVAL Place Arbutus Cem. Date 1/12/ 1937

19. UNDERTAKER Frances A. Kemsley (Address) 578 W. Biddle St

[illegible] Registrar.

JAN 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-9- , 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-2- , 1937 to 1-9- , 1937

I last saw him alive on 1-8- , 1937 Death is said to have occurred on the date stated above, at 3:54 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-2-37

Other contributory causes of importance:

None known —

Was an operation performed? No Date of —

For what disease or injury?

Name of operation Date of —

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Saunders, M. D.

(Address) 1029 Stricker St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

31019

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 31019

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1522 E. Madison St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles L. Johnson

(a) Residence: No. 1522 E. Madison St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of: Lulu Johnson

6. DATE OF BIRTH (month, day, year): March 20 1889

7. AGE — Years: 47 | Months: 9 | Days: 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

0070

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Charles L. Johnson

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Emma Pierce

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Lulu Johnson 1522 E. Madison St.

18. BURIAL, CREMATION, OR REMOVAL. Place: Randal Date: Jan 11 1937

19. UNDERTAKER (Address): Robert L. Young 804 N. Carolina St.

FILED JAN 11 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 7. 1937

22. I HEREBY CERTIFY, That I attended deceased from July 15 1936 to Jan 7 1937

I last saw him alive on Jan 7 1937. Death is said to have occurred on the date stated above, at 4:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of duodenum	July 36
Other contributory causes of importance:	

Was an operation performed? yes Date of July 1936

For what disease or injury? Carcinoma of duodenum.

What test confirmed diagnosis? operative Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Wagner Browne M. D.

(Address) 1500 E. Madison St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 31020

19959

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 31020

CERTIFICATE OF DEATH

✓ 349-108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Robinson

if U. S. Veteran specify WAR

(a) Residence: No. 826 W. Franklin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-4-1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0074

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Mt Place Zion Cemetery Date Jan 11 1937

19. UNDERTAKER Baltimore City Hospitals
(Address) 2708 Druid Hill Ave

20. FILED JAN 11 1937 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 — 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-2, 1937 to 1-7, 1937

I last saw him alive on 1-7, 1937 Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 12 days

Other contributory causes of importance:

over

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramsey, M. D.

(Address) Baltimore City Hospitals

M. D. B. 1938-9

F 31021

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31021

CERTIFICATE OF DEATH

107-a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 W. Hamburg St. St., 21-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Amelia L. Sternat

(a) Residence: No. 1112 W. Hamburg St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of August H. Sternat

6. DATE OF BIRTH (month, day, year) July 6, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Parkersburg W. Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Frank M. Sternat

(Address) 1135 W. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL

Place Louden Park Date 1/13/37 19

19. UNDERTAKER Ambrose Inc

(Address) 1017 W. Cross St.

20. FILED ..... 19 ..... Registrar.

JAN 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/10/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 . 1937 to Jan. 10, 1937 . 19 ..... that I last saw her alive on Jan 10 . 1937 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho - Pneumonia	1/4/37

Other contributory causes of importance:

Name of operation None . Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No .

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Augustine P. Von Schultheis

(Address) 4518 Armandoon Ave.

F 31022

F 31022

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3717 E. Pratt St. St. 76-8 Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME August N. Welsh

If U.S. Veteran specify WAR .....

(a) Residence: No. 3717 E. Pratt St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L Welsh

6. DATE OF BIRTH (month, day, year) Aug 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1933 6015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life time

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT James H Beyer
(Address) 3713 E Pratt St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem Date Jan 11 1937

19. UNDERTAKER John Ulerich & Son
(Address) 1000 Aliceanna St

Filing Clerk

FILED JAN 11 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 17th 1933 to Jan. 4 1937

I last saw him alive on Jan. 4 1937 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1933
Paralysis Agitans	1935

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Henry B Athey M. D.

(Address) 2504 E. Pratt St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

31023 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 31023

CERTIFICATE OF DEATH

V 11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4609 Arabia Ave 41-2 Ward

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Eckert

If U.S Veteran specify WAR .....

(a) Residence: No. 4609 Arabia Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
~~Female~~	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Eckert

6. DATE OF BIRTH (month, day, year) Dec 27, 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	—	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Wirth

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry Eckert

(Address) 4609 Arabia Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Co Date Jan 12 1937

19. UNDERTAKER John Ulmer

(Address) 2008 Orleans St

20. FILED JAN 11 1937

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1937 to Jan 9 1937.

I last saw h..... alive on ..... 4th ..... Death is said to have occurred on the date stated above, at 10 ~~7~~ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	4 days
Other contributory causes (importance) Influenza	5

Was an operation performed? — Date of .....

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

21. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C V Meyer M. D.

(Address) 1500 E 33rd St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31024

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31024

CERTIFICATE OF DEATH

82-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Kate Walker

If U. S. Veteran specify WAR .....

(a) Residence: No. 1058 Vine St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: x

6. DATE OF BIRTH (month, day, year): Jan. 12 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66 6/5	11	27 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: housework

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) " (State or country) "

MOTHER

15. MAIDEN NAME Lucy —

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Mrs. Bettie Thomas (Sister)

(Address) 233 Carlton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Jan 12, 1937

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Stricker St.

20. FILED ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, ... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Vascular hypertension	

Other contributory causes of importance: Cerebral thrombosis

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. W. Wright, M. D. Coroner

(Address) 1010 S. Stricker St.

F 31025

F 31025 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

Registered No. 13-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto General Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Janet Winemiller

If U. S. Veteran specify WAR

(a) Residence: No. 3436 Auchentoroly Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of George Winemiller

6. DATE OF BIRTH (month, day, year) Sept 1, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53 years	53	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) January 1937

11. Total time (years) spent in this occupation 34 years

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME J. H. B. Fletcher

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ella Shamberger

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr GEORGE C. Winemiller
(Address) 3436 Auchentoroly Ter

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn cem Date Jan 13 1937

19. UNDERTAKER Wm J Liefuldson
(Address) North & C

20. FILED JAN 11 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-10-37. 19

22. I HEREBY CERTIFY, That I attended deceased from 1-4-37, 19..., to 1-10-37. 19...

I last saw her alive on 1-10-37. 19... Death is said to have occurred on the date stated above, at 9.07 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post-operative Lobar Pneumonia	1-7-37

Other contributory causes of importance:

Was an operation performed? Yes Date of 1-6-37

For what disease or injury? Abdominal hernia at Prolapse of

Name of operation Abd Hysterotomy + Herniaplasty Date of 1-6-37

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Nathan Wolf, M. D.

(Address) South Balto General Hospital

31026

HEALTH DEPARTMENT—CITY OF BALTIMORE

31026

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2633 Edmondson Ave St. 20-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 5 mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen Dall

If U.S. Veteran specify WAR .....

(a) Residence: No. 2633 Edmondson Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Robert Dall

6. DATE OF BIRTH (month, day, year) July 28 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Jardine

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Helen —

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. Alexander Dall
(Address) 2633 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Jan 12, 1937

19. UNDERTAKER Wm. F. Dietrich & Son
(Address) North & Da ave.

JAN 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10, 37

22. I HEREBY CERTIFY, That I attended deceased from for several years, 19 ... to Jan 10 ..., 1937
I last saw h alive on Jan 9, 1937 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Syncope	about 10 days
Other contributory causes of importance:	
arterio Sclerosis	several years

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. Latrobe Ewell M. D.

(Address) 2945 St Paul St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31027

M. D. B 1268-9

31027 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hos. St., 16-1 (Ward)

Length of residence in city or town where death occurred 83 yrs. 8 mos. 23 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Pelz

(a) Residence: No. 1150 Longwood St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Andrew Pelz

6. DATE OF BIRTH (month, day, year): Apr. 27, 1853

7. AGE: Years 83; Months 8; Days 23; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Henry Rothschild

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Wilhelmina Hoffman

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mr. Howard A. Pelz Rockville. Md.

18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Park Date Jan. 11, 37

19. UNDERTAKER (Address): Wm. Tucker Sons. Hotel Rennert.

20. FILED JAN 11 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fractured Femur (Right) — Date of onset .....

Other contributory causes of importance:

Bronchio-pneumonia (Secondary)

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accidental Date of injury ..... 19.....

Where did injury occur? 1150 Longwood St. Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down Steps.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Shanken Coroner

(Address) 1918 E. North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

31028 F 31028

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2320 Harford St., 9-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs 2 mos ..... ds. How long in U. S. If of foreign birth? ..... yrs ..... mos ..... ds.

2. FULL NAME Katie E. Schwartz

If U. S. Veteran specify WAR .....

(a) Residence: No. 2320 Harford St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry B. Schwartz

6. DATE OF BIRTH (month, day, year) Nov. 15 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	— 1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home.

10. Date deceased last worked at this occupation (month and year) 11-16-36

11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Bernard F. Phuppel

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Elizabeth Ripnick

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Son - Henry B. Schwartz

(Address) 2238 Cecil Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Jan 11 1937

19. UNDERTAKER Henry J. Lutz

(Address) 1203 W. Broadway

FILED JAN 11 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1936 to Jan. 8, 1937

I last saw her alive on Jan 8, 1937. Death is said to have occurred on the date stated above, at 11:32 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease	Unknown
Apoplexy	11-17-36

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jno. B. Sybert M. D.

(Address) 2807 Harford Ave.

31029

HEALTH DEPARTMENT—CITY OF BALTIMORE

20087 F 31029

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 9-4 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Thomas

If U. S. Veteran specify WAR

(a) Residence: No. 1204 E. Hoffman St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Buckler

6. DATE OF BIRTH (month, day, year) June 27 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Unknown (D)

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Unknow Anna Hubbard

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records of Balto, City Hospts
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemetery Jan 12 1937

19. UNDERTAKER Henry Pulz
(Address) 1203 Gay St

20. FILED JAN 11 1937 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-9, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-6, 1937 to 1-9, 1937

I last saw her alive on 1-9, 1937 Death is said to have occurred on the date stated above, at 2.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	2 days
Other contributory causes of importance: Hypertensive Cardio-Renal Vascular Disease	unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospital

X. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 31030

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31030

V 46-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem Hosp St., 9-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 5 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lt Doctor Matthew Joseph Dunn

(a) Residence: No. 1306 Homestead St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Helena S. Dunn

6. DATE OF BIRTH (month, day, year) May 20, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lieutenant in Detail Service

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Navy

10. Date deceased last worked at this occupation (month and year) Sept. 1936

11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Dunn

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Leary

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Helena S. Dunn

(Address) 1306 Homestead St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery Date Jan. 12 1937

19. UNDERTAKER Henry Heck Sons, Inc

(Address) 180 E. Eager St.

20. FILED JAN 11 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14 1936 to Jan 9 1937

I last saw him alive on Jan 9 1937 Death is said to have occurred on the date stated above, at 12 M. Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	Sept 1936
Other contributory causes of importance: Exhaustion	

Was an operation performed? Yes Date of Dec 5, 1936

For what disease or injury? Carcinoma of Sigmoid

What test confirmed diagnosis? Pathology Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. B. Smith M. D.

(Address) Union Mem Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31031

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31031

CERTIFICATE OF DEATH

128

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1128 Hartford Ave. 20th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 68 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Levin

(a) Residence: No. 1128 Hartford Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Levin

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dry Goods Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Merchandise

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0045

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Tobi

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sarah Levin

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Lorraine Date 1-11-37

19. UNDERTAKER Jack Levin Inc

(Address) 1439 E. Baltimore St

FILED JAN 1 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-10-37. 19

22. I HEREBY CERTIFY, That I attended deceased from 10-21- 1933 to 1-10 1937

I last saw him alive on 1/9 1937. Death is said to have occurred on the date stated above, at 9A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic pancreatitis & hepatitis	1933

Other contributory causes of importance:

Was an operation performed? Yes Date of June 27, 1934

For what disease or injury? Chronic gastritis

Name of operation ... Date of 6/27/34

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel Morrison, M. D.

(Address) 1013 N. Charles St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31032 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31032

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3153 Lyndale Ave. St., 8-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 11 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert O. Griffith

If U.S. Veteran specify WAR .....

(a) Residence: No. 3153 Lyndale Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle McAbee

6. DATE OF BIRTH (month, day, year) Jan. 21, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. and O. Railroad

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William F. Griffith

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER

15. MAIDEN NAME Amelia C. Harrison

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT Mrs. Chas Hearn
(Address) 3027 Arunah Ave., City

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date Jan. 11, 1937

19. UNDERTAKER Geo. J. Smith
(Address) 1900 Eutaw Place, City

FILED JAN 11 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-24-1934 to 1-8-1937

I last saw him alive on 1-8-1937. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular heart disease	5-24-34
Other contributory causes of importance: Hypertension	5-24-34

Was an operation performed? — Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Milton D. Lang M. D.

(Address) 2117 Belair Road, City

Lang

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

31033 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 31033

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U M H. St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Clagett Legg

(a) Residence: No. 151 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 18. 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired 0045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grain Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Geo. W. Legg

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Eliza Doughty

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT John C. Legg (Address) 110 W. 39th St. Balto.

18. BURIAL, CREMATION, OR REMOVAL Place Manchester Va. Date Jan. 12 1937

19. UNDERTAKER John Hutchison & Son (Address) 1900 Eutaw Place

20. FILED JAN 11 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/10 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/5 1937 to 1/10 1937

I last saw him alive on 1/10 1937 Death is said to have occurred on the date stated above, at 7:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive arteriosclerotic heart disease.	
Other contributory causes of importance:	
cerebral hemorrhage	1/3/37

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) L. Clagett Beck M. D.

(Address) Union Memorial Hosp.

VS 3

JAN 11 1931

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31034

CERTIFICATE OF DEATH

F 31034

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1349 E. Clinton St., 26-6 Ward)

Registered No. 120

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles W. Floyd

(a) Residence: No. 1349 E. Clinton St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Mary Floyd

6. DATE OF BIRTH (month, day, year) June 16-1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs., or ..... min.
78	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0.05.6

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Works

10. Date deceased last worked at this occupation (month and year) /

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry Floyd

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Alice M. Trimble

(Address) 349 E. Clinton St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Jan. 11-1937

19. UNDERTAKER John F. Miller & Son

(Address) 2475 E. Eden St

20. Filed ..... 19..... Registrar.

JAN 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1937

22. I HEREBY CERTIFY That I attended deceased from Oct Dec 23, 1936 to Jan 9, 1937

I last saw h[im] alive on Jan 9, 1937 Death is said to have occurred on the date stated above, at 2:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis - gangrene of foot.	
Other contributory causes of importance: acute enteritis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. V. Wright, M. D.

(Address) 1010 S. Ellwood

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31035

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 19771

V 91-aF 31035

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 2-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1912 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Philip Kron

If U. S. Veteran specify WAR .....

(a) Residence: No. 1722 Lancaster St., St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1-6-1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New Orleans

FATHER

13. NAME Philip

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Lena Fell

16. BIRTHPLACE (city or town) (State or country) New Orleans

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date Jan 13 1937

19. UNDERTAKER Fred W. Gozenski

(Address) 1930 Eastern Ave.

20. FILED JAN 11 1937 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-10 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-27 1936 to 1-10 1937

I last saw him alive on 1-10 1937 Death is said to have occurred on the date stated above, at 7.20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Bacterial Endocarditis	1 mos

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify) .....

(Signed) John F Rainey M.D.

(Address) Baltimore City Hospitals

N. B.—BOTH LEGIBLE AND COMPLETE ANSWERS TO ALL QUESTIONS should be given. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31036

31036 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 31036

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4515 Garrison Ave St.) (Inst.) Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 67 yrs. 7 mos. 11 ds.

2. FULL NAME Laura Virginia Hodges

If U.S. Veteran specify WAR NONE

(a) Residence: No. 3101 Guilford Ave St., 12 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) About May-30-1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 67	7	11 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Maryland

FATHER

13. NAME Joseph Hodges

14. BIRTHPLACE (city or town) (State or country) A. A. Co. Maryland

MOTHER

15. MAIDEN NAME Annie Hunt

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs Lizzie L Robinson (sister)

(Address) 313 E. University Pky

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem Date Jan 15 1937

19. UNDERTAKER Stewart & Monn Co

(Address) 10 Huntington Ave.

20. FILED JAN 11 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/10/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1933 . 19 . to 1/10/37 . 19 .

I last saw her alive on 1/10/37 . 19 . Death is said to have occurred on the date stated above, at 6 30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
2/2 Hypertension	
a) Hemiplegia	
Other contributory causes of importance:	none

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) David Jones . M. D.

1/11/37 (Address) Med. Sci. Bldg

N. B.—WRITE PLAINLY, WITH PEN AND INK. This is a permanent record. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

31037

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31037

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

Registered No. 12-3

CITY OF BALTIMORE: (No. 2408 North Calvert St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie C. Sapp

If U.S. Veteran specify WAR

(a) Residence: No. 2408 North Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Sapp

6. DATE OF BIRTH (month, day, year) Sept. 21, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	3	17 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles Henry Wagner

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Roseanna Sutton

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mr. Robert Wagner
(Address) 2406 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 11 1937

19. UNDERTAKER Stewart & Howard Co.
(Address) [redacted]

20. FILED JAN 11 1937, 19 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 4, 1937 to January 8, 1937

I last saw her alive on January 8, 1937 Death is said to have occurred on the date stated above, at 12:30 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan. 4 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. W. Morgan M. D.

(Address) 401 E. 25th Street

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31038

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31038

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2700 Guilford Ave. St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME KATIE A. PINNING

(a) Residence: No. 2700 Guilford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George J. Pinning

6. DATE OF BIRTH (month, day, year) July 28th. 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Philip J. Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Catherine Connor

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Miss Marie Pinning

(Address) 2700 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Jan. 13th. 1937

19. UNDERTAKER Chas. F. Grand & Son

(Address) 115 W. Mt. Royal Ave

Filed JAN 11 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 10th, 37

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1937, to Jan. 10, 1937

I last saw h[illegible] alive on Jan. 10, 1937. Death is said to have occurred on the date stated above, at 4.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Jan. 2, '37
Other contributory causes of importance:	
Coterio sclerosis	'35
Hypertension. Chronic Nephritis	'35

Was an operation performed? no Date of none

For what disease or injury? none

Name of operation none Date of

What test confirmed diagnosis? Symptom Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

1937

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify none

(Signed) Evan N. Ogden M. D.

(Address) 2701 N. Calvert St.

V 2 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31039

F 31039

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2941 Fait Ave St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stanislaw Kujawa

If U. S. Veteran specify WAR

(a) Residence: No. 714 South Regester Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~XXXXXXXX~~ The Late Mary Kujawa

6. DATE OF BIRTH (month, day, year) Unknown ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 80 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Frank Kujawa (Son)

(Address) 641 South Decker Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St, Stanislaus Date Jan, 12th 37

19. UNDERTAKER George A Weber

(Address) 705 South Ann Street

20. FILED JAN 11 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 9th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7 1937 to Jan 9 1937

I last saw h— alive on Jan 8, 1937 Death is said to have occurred on the date stated above, at 9½ A. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset

Chronic Cardiac (non alcoholic)

Chronic Nephritis.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Andrew Kowalewski M. D.

(Address) 2554 Eastern Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31040 F 31040

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 933 Fells St., 7-3 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Steven Keltner

If U. S. Veteran specify WAR ...

(a) Residence: No. 933 Fells St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: x

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 50	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Pile driver

10. Date deceased last worked at this occupation (month and year): about 1934

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Probably Bohemia

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): " "

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT: Wendell G. Zepp

(Address): 1405 Eager St

18. BURIAL, CREMATION, OR REMOVAL

Place: St. Pauls. Date: Jan. 11, 1937

19. UNDERTAKER: Wendell G. Zepp

(Address): 1405 Eager St.

20. FILED: JAN 11 1937, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

Probably a week previous

21. DATE OF DEATH (month, day, year): Jan 9, 1937

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably chronic nephritis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) A. M. Wright, M. D. Coroner

(Address) 1010 S. Edwards

N. B.—WRITE PLAINLY, WITH UNFADING INK. ALL THE INFORMATION called for by this certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31041

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31041

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2801 Springhill Ave St. 13-12 Ward

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna Wiss

(a) Residence: No. 2001 Springhill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Issac Brodsky

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Brasia Riva —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT A. Wiss

(Address) 3405 Cedardale Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Mt Carmel Date 1-14 19 37

19. UNDERTAKER Jack Levin Inc

(Address) 1439 Park Ave

Filed JAN 11 1937 [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-11- 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/5, 1937, to 1/11, 1937

I last saw her alive on 1/11 1937 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Auto Cardiac Dilatation	1/5/37
Chronic Myocarditis	1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What was confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Feinberg, M. D.

(Address) 2211 Eutaw Pl

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31042

31042 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

19512 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 1-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1823 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Applonery Rosiak

If U. S. Veteran specify WAR

(a) Residence: No. 410 S. Durham St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline

6. DATE OF BIRTH (month, day, year) -1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd Jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joseph (D)

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Julia ? (D)

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Jan 12 1937

19. UNDERTAKER John J. Weber
(Address) 401 S. Chester St

20. FILED JAN 11 1937 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-9 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-15 1936 to 1-9 1937

I last saw h... alive on 1-9-1937 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	6 mos

Other contributory causes of importance:

Hypertension	
Secondary anemia	4 mos

Was an operation performed? Yes Date of 12-30-36

For what disease or injury? Carcinoma Stomach

Name of operation Gastroenterostomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so,

(Signed) M. Stonesifer M. D.

(Address) Balt. City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31043

31043

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 Warner St. 21-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Otho Calaman

(a) Residence: No. 1109 Warner St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Mary Calaman

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: 70 | Months: | Days: | If LESS than 1 day, ... hrs. or ... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0040

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Thomas Calaman

14. BIRTHPLACE (city or town) (State or country): Balto, Md

MOTHER

15. MAIDEN NAME: Underwood

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Florence Howard

(Address) 1110 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: mt Calvary Date: 1/11 19 37

19. UNDERTAKER: Isaac R Brown Son

(Address) 1054 W Monument St

20. FILED ... 19... ... Registrar.

JAN 11

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 7 19 37

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 37 to Jan 7 37

I last saw h... alive on Jan 7 19 37 Death is said to have occurred on the date stated above, at 9.30 Am.

The principal cause of death and related causes of importance were as follows:

Date of onset

Labar Pneumonia

Other contributory causes of importance:

Dyspnea

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) J J Thompkins M. D.

(Address) 501 Lanvale

M. D. B 1265-9

F 31044 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31044

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St. 2-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Rosalie Laurenco

If U. S Veteran specify WAR .....

(a) Residence: No. 224 S. Ann St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 18 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Anthony Laurenco

14. BIRTHPLACE (city or town) (State or country) Portgal

MOTHER

15. MAIDEN NAME Margaret Wilkinson

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Anthony Laurenco

(Address) 224 S. Ann St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan. 12 1937

19. UNDERTAKER Martin H. Dippel

(Address) 37 S. Ann St

RECEIVED JAN 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2 V 56

F 31045 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31045

CERTIFICATE OF DEATH 19974

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosptl 26-9 131 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elias Robert Yingling If U. S. Veteran specify WAR

(a) Residence: No. 426 S. Eaton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 17-1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Manual

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Ella ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Paul's Cem Date Jan 11 1937

19. UNDERTAKER Martin W. E. Dippel
(Address) 37 E. Lanvale St

20. FILED JAN 11 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1—9—1937

22. I HEREBY CERTIFY, That I attended deceased from 1—3—1936 to 1—9—1937

I last saw h.im alive on 1—9—1937 Death is said to have occurred on the date stated above, at 11⁰⁵ A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	7 days
Other contributory causes of importance: Hypertensive Cardio-Vascular Renal Disease	unk

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) [illegible] Ramsey M. D.

(Address) Baltimore City Hospitals

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31046

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31046

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1932 Bank St. 2-1 St., 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ✓ yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Bader

If U. S. Veteran specify WAR none

(a) Residence: No. 1932 Bank St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown ✓ Samuel D. Bader

6. DATE OF BIRTH (month, day, year) about 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 68		unknown	unknown	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home 0039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Lee

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs. A. J. Mullen

(Address) 432 E. Lorraine Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 1/11 1937

19. UNDERTAKER C. Vernon Lemmon

(Address) 4611 Park Heights.

20. FILED JAN 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/9 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1935 to Jan 9 1937

I last saw h[illegible] alive on Jan 8 1937. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis	June 1936

Other contributory causes of importance:

Arteriosclerosis
Ch. Nephritis
NS

Was an operation performed? Date of .....

For what disease or injury? .....

Name of operation — Date of NS

What test confirmed diagnosis? Clin Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NS Date of injury [illegible], 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? NS. If so, specify .....

(Signed) J. S. Harding, M. D.

(Address) 4810 Belair Rd.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31047 F 31047

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 7-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Shirley Copeland

If U.S. Veteran specify WAR .....

(a) Residence: No. 735 N. Mulberry St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	B.	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 19, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John Copeland

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Eaton

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Mary Copeland

(Address) 735 N. Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Suffolk, Va Date 1/12 19 37

19. UNDERTAKER Williams & Jackson

(Address) 710 Pennsylvania

20. FILED JAN 11 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1936 to Jan 10, 1937

I last saw her alive on Jan. 10, 1937 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis (miliary)	Dec. 15
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) N. Davidson, M. D.

(Address) University Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 31048

31048 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2720 Oakley ave 27-17 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anthony DeCesare

(a) Residence: No. 2720 Oakley Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elgeda M. DeCesare

6. DATE OF BIRTH (month, day, year) Jan 15, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Luigi DeCesare

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Lucia D'avanzo

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Wife Elgeda M. DeCesare
(Address) 2720 Oakley ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Jan 12 1937

19. UNDERTAKER Frank V. Lipitone
(Address) 28 E. Baltimore

JAN 11 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 32 1937 to Jan 9 1937

I last saw him alive on Jan 9 1937. Death is said to have occurred on the date stated above, at 5.25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 3/37
Other contributory causes of importance:	
Pleurisy with Effusion	Jan 6/37

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hans Baker M. D.

(Address) 1883 Pan. Health

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 31049

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31049

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 N. Belnord Ave St. 6-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Fischer

(a) Residence: No. 111 N. Belnord Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Richter Fischer

6. DATE OF BIRTH (month, day, year) March 21 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Florian Fischer

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Frank H Fischer

(Address) 111 N. Belnord Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 13, 1937

19. UNDERTAKER Frank V. Pfeiffer

(Address) 2155 E. Baltimore St

20. FILED JAN 11 1937, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1936 to Jan 8, 1937

I last saw h... alive on Jan 8, 1937. Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	Jan 3
Old Nephritis	

Other contributory causes of importance:

Acute Cardiac Dilatation
Pulmonary Edema

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. E. Geyer M. D.

(Address) 536 N. Wolfe St.

INFORMANT should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31050

F 31050 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital (Street) (Ward)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jacoba Gertrude Einspruch

If U.S. Veteran specify WAR .....

(a) Residence: No. 2109 Dobler Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND (or) WIFE Rev Henry Einspruch

6. DATE OF BIRTH (month, day, year) Feb 3, 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Chicago, Ill.

FATHER

13. NAME Frank Tabora

14. BIRTHPLACE (city or town) (State or country) Holland

MOTHER

15. MAIDEN NAME Mary Corra

16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMANT Rev Henry Einspruch
(Address) 2109 Dobler Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date Jan 13, 1937

19. UNDERTAKER Charles S. Black
(Address) 742 W. North Ave.

20. FILED JAN 11 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-10, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-21, 1936 to 1-10, 1937

I last saw h... alive on 1-10, 1937 Death is said to have occurred on the date stated above, at 1:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	12-1-36
Myocardial failure	12-31-36
Other contributory causes of importance: Chronic myocarditis	Childhood 3 years ago

Was an operation performed? Not Date of .....

For what disease or injury? .....

What was last confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. P. Stephens M. D.

(Address) Medical Examiner

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31051

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31051

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 6-5 St. ..... Ward)

Registered No. 128

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mike Karnej

(a) Residence: No. 215 N. Bond St., ——— Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records —
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Johns Hopkins Med. Soc. Jan 11, 1937

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED JAN 11 1937 19 2851

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937, to Jan 2, 1937.

I last saw him alive on Jan 2, 1937. Death is said to have occurred on the date stated above, at 6 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Hemorrhagic pancreatitis	12/31/36
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1-1-37

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward J. Stafford, M. D.

(Address) The Johns Hopkins Hospital

Information should be carefully supplied. Any blanks will delay burial. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31052

31052

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St. 8-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Eli Martino

If U. S. Veteran specify WAR

(a) Residence: No. 918 East Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) January 7 1937

7. AGE Years	Months	Days	If LESS than 1 day / hrs. or 50 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Marion Eli Martino

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Augustina Cimmino

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL Johns Hopkins Med Soc Jan 11 1937

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED JAN 11 1937 Registrar

2852

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-7 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-7 1937 to 1-7 1937

I last saw him alive on 1-7 1937. Death is said to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
prematurity	
Other contributory causes of importance:	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, give

(Signed) Werner Steinberg, M. D.

(Address) The Johns Hopkins Hospital

WERNER STEINBERG, M. D.
JOHNS HOPKINS HOSPITAL
BALTIMORE, MD.

JAN 11 1937

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 31053

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-a-159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 22-K Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl McCray

(a) Residence: No. 511 W Lee St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 4, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
—	—	3 days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Milton McCray

14. BIRTHPLACE (city or town) S. Carolina (State or country)

MOTHER

15. MAIDEN NAME Esther Dingle

16. BIRTHPLACE (city or town) S. Carolina (State or country)

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

University Med Sch Date Jan 11, 1937

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. Date Received JAN 12 1937 Registrar.

No. 2893

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 4, 1937, to January 7, 1937.

I last saw her alive on January 6, 1937 Death is said to have occurred on the date stated above, at 1:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Lues	
Prematurity	
Bronchopneumonia	1/6/37

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George F. Davis, M. D.

(Address) University Hospital

F 31054

31054 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-a

1. PLACE OF DEATH University Hospital — Registered No. .....
CITY OF BALTIMORE: (No. ..... St. 14 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 66 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Otho Jones — If U.S. Veteran specify WAR ....

(a) Residence: No. 1513 Myrtle Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Lumkina Jones

6. DATE OF BIRTH (month, day, year): June 6 - 1873

7. AGE: Years 63 | Months 6 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd Jobs
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER
13. NAME: Jackson Jones
14. BIRTHPLACE (city or town) (State or country): Carroll Co Md

MOTHER
15. MAIDEN NAME: Charlotte Lyles
16. BIRTHPLACE (city or town) (State or country): Carroll Co Md

17. INFORMANT: Mrs. Isabel White
(Address) 1527 Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Int Calvary Date: 1-17-37

19. UNDERTAKER: Jas M. Stemmer
(Address) 1108 Myrtle ave

20. FILED ... Registrar.

JAN 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-11-37

22. I HEREBY CERTIFY, That I attended deceased from 1-8-37 to 1-11-37
I last saw h IM alive on 1-11-37 Death is said to have occurred on the date stated above, at 3 00 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic meningitis	1-8 37
Other contributory causes of importance: Otitis Media ?	12-28 36

Was an operation performed? No Date of .....
For what disease or injury? .....
What (est confirmed diagnosis? Spinal puncture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William S. Helfrich M. D.
(Address) University Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31055 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 31055

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1727 Ruxton Ave. St. 15-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John P. Seabold

If U.S. Veteran specify WAR .....

(a) Residence: No. 1727 Ruxton Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
mal	white	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Emma Rosenstiel

6. DATE OF BIRTH (month, day, year) June 28, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	6	12 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0050

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Peter Seabold

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary White

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Emma Seabold.

(Address) 1727 Ruxton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan. 13, 1937

19. UNDERTAKER Martin Faber & Sons

(Address) 1827 W. North Ave.

N 11 1937 Huntington Portrange, Nfld.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-4, 1937, to Jan 9, 1937

I last saw him alive on Jan 9, 1937. Death is said to have occurred on the date stated above, at 1154 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	1-6-37
Bronchial Asthma	1-1-37

Other contributory causes of importance:

Chronic Nephritis	?
Hypertension	?

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George L Wiseig, M. D.

(Address) 4000 Edmondson Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 46-c F 31056

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton St. [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 2 mos. 4 dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

2. FULL NAME Sister Angela Cherry (Ada Cherry) If U.S. Veteran specify WAR .....

(a) Residence: No. St. Agnes' Hospital St., Ward. Wash. D.C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 29, 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	2	11 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sister of Charity

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1065

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 57

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME Clayton Cherry

14. BIRTHPLACE (city or town) (State or country) Orange County New Jersey

MOTHER

15. MAIDEN NAME Lettie Knowles

16. BIRTHPLACE (city or town) (State or country) Georgetown D. C.

17. INFORMANT Sister Louise

(Address) St. Agnes' Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan 12 1937

19. UNDERTAKER Martin Tabler & Sons

(Address) 1827 W. North Ave.

20. FILED Huntington Fitzhugh Jr. Registrar.

N 11937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9. 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov-5 1936 to Jan 9 1937

I last saw her alive on Jan 9 1937. Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	1934
Cardio-Vascular Failure	1-8-37

Other contributory causes of importance:

Senility

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Louis G. Llewelyn M. D.

(Address) St. Agnes Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31057

31057

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

126

1. PLACE OF DEATH Union Memorial Hospital — Registered No. .....

CITY OF BALTIMORE: (No. Calvert & 33rd Sts. St., 13-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 7 mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Albert Wildman MAMIE C.

(a) Residence: No. Esplanade Apts, St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Albert Wildman

6. DATE OF BIRTH (month, day, year) May 26, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007

10. Date deceased last worked at this occupation (month and year) Dec 1936

11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Mr Jacob Eastberg

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Miss Emma Rodberg

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Irma Greif (daughter)

(Address) Pikesville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebr. Date Jan. 12 1937

19. UNDERTAKER Harold Schapiro & Son

(Address) 1902 Eutaw Place

20. FILED JAN 11 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1937 to Jan 10, 1937

Last saw HER alive on Jan. 10, 1937. Death is said to have occurred on the date stated above, at 7:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Renal Disease Marked Arteriosclerosis	?
Other contributory causes of importance: Retroperitoneal Pancreatic Abscess	?
Multiple Pancreatic Necrosis Diabetes	?

Was an operation performed? ..... Date of Dec. 8, 1936

For what disease or injury? Cholelithiasis

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. D. Smith M. D.

(Address) Union Mem. Hosp.

INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31058

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31058

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital 15-2131

CITY OF BALTIMORE: (No. Wilkens & Catan Ave. St., Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Rhoades

If U.S. Veteran specify WAR .....

(a) Residence: No. 1806 N. Fulton Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Joseph F Rhoades

6. DATE OF BIRTH (month, day, year) Dec 25 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME William Seifert

14. BIRTHPLACE (city or town) (State or country) Bedford Pa

MOTHER

15. MAIDEN NAME Elizabeth B Radabaugh

16. BIRTHPLACE (city or town) (State or country) Bedford Pa

17. INFORMANT Loretta Hemmaker

(Address) 1806 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 1/13 37

19. UNDERTAKER Wm. Main Booth

(Address) 1217 St Paul Street

20. FILED JAN 11 1937 Huntingdon Pennsylvania

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23 1936 to Jan. 11 1937

I last saw her alive on Jan. 11 1937. Death is said to have occurred on the date stated above, at 7 25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Renal Disease	1933
Cardio-Vascular Failure	1-10-37

Other contributory causes of importance:

Anasarca

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis G. Llewelyn M. D.

(Address) St. Agnes Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31059 ✓ F 31059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 15-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eliza Blouse

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1928 N. Fulton Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about	70	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 70

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dr Bubert

10. Date deceased last worked at this occupation (month and year) Jan 1936

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Jacob Blouse

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Emma Kline

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT ..... B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place New Freedom Pa Date Jan 12th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 E Paul St

20. FILED ..... JAN 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-9 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-20 1936 to 1-9 1937

I last saw her alive on 1-9 1937 Death is said to have occurred on the date stated above, at 1150 m.

The principal cause of death and related causes of importance were as follows:

	Duration
Bronchopneumonia (Primary)	13 days
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V6 3

F 31060 ✓ F 31060

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1634 Hillman St. 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Mary Agnes Williams

If U. S. Veteran specify WAR .....

(a) Residence: No. 1634 Hillman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	SINGLE

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-9-37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 0000

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Williams

14. BIRTHPLACE (city or town) (State or country) Mechanicsville Va.

MOTHER

15. MAIDEN NAME Flonce Williams

16. BIRTHPLACE (city or town) (State or country) Mechanicsville Va.

17. INFORMANT Flonce Williams
(Address) 1634 Hillman

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Jan 12 1937

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Carrollton Ave

21. [illegible] [illegible]

N 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-11 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-9 1937 to 1-11 1937

I last saw her alive on 1-11 1937. Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	
Other contributory causes of importance: Premature Birth	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm. A. Kelly, M. D.

(Address) 1420 E. Chase

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. INSTRUCTIONS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31061

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31061

133

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 EASTERN AVE. St., 2-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ANNIE BOOZ

If U. S. Veteran specify WAR

(a) Residence: No. 2001 EASTERN AVE. St., 2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Luther Booz

6. DATE OF BIRTH (month, day, year) JAN. 24- 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

FATHER

13. NAME ELEY MCCLEARY

14. BIRTHPLACE (city or town) (State or country) PENN. PA.

MOTHER

15. MAIDEN NAME ELIZABETH BENSEL

16. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

17. INFORMANT Luther Booz (Husband)

(Address) 2001 Eastern ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Jan. 12 1937

19. UNDERTAKER Lilly & Meiler INC.

(Address) 463 S. Wolfe St.

20. FILED JAN 11 1937 Huntington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN. 8 , 1937

22. I HEREBY CERTIFY, That I attended deceased from June 5 , 1934 to Jan. 8 , 1937

I last saw her alive on Jan. 8 , 1937 Death is said to have occurred on the date stated above, at 8 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Polycystic Nephrosis	6-5-34
Uraemia & Myocardial insufficiency	1-2-37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Sub. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) John V. Zeyerbrin M. D.

(Address) 1802 Eastern Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31062

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31062

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. 1400 N. Caroline St., 24 Ward)

Registered No. 96-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Caroline Smith

(a) Residence: No. 7401 Eastern Ave — St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 29-1923

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
13	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John P. Smith

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Elizabeth Flaesch

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT (Address) John P. Smith Father 7401 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Jan 13 1937

19. UNDERTAKER Lilly & Zeiler
(Address) 4035 S Wolfe St

20. FILED Jan 11 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-10-1937

22. I HEREBY CERTIFY, That I attended deceased from 1-3-1937 to 1-10-1937

I last saw her alive on 1-10-1937 Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	12-5-36
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Spinal Puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Frank R Stephenson M. D.

(Address) .....

Information should be carefully supplied. Any wilful misstatement is punishable by law. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 31063

31063

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Hosp - 8 St. Ward 7)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 6 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E. Adkins

If U. S. Veteran specify WAR

(a) Residence: No. 217 - S. Highland Ave, St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 1, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William George Adkins

14. BIRTHPLACE (city or town) (State or country) Sunbury Md.

MOTHER

15. MAIDEN NAME Irene Hogan

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mother

(Address) 217 S. Highland ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Jan 12 1937

19. UNDERTAKER Tilly & Geiler Co

(Address) 403 [illegible]

Huntington [illegible]

JAN 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1937 to Jan. 10, 1937

I last saw him alive on Jan. 10, 1937. Death is said to have occurred on the date stated above, at 1:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Measles	1/7/37.
Simple Encephalitis	12/25/36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ludwig Gelman, M. D.

(Address) Lyden Hosp Hospital

H

Information should be carefully supplied. So that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

F 31064 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31064

CERTIFICATE OF DEATH

46-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Lippy

(a) Residence: No. 3008 Chesterfield Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella N. Lippy

6. DATE OF BIRTH (month, day, year) Sept. 21, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meter Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meter Works

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 4 Yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Lippy

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Emma Abbott

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Ella N. Lippy (Wife)

(Address) 3008 Chesterfield Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Jan 13 1937

19. UNDERTAKER C. Hough Evans

(Address) 1400 E. Lafayette Ave

[illegible] Lexington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1936 to Jan 9, 1937

I last saw him alive on Jan 9, 1937. Death is said to have occurred on the date stated above, at 2:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Esophagus	1½ yrs
Other contributory causes of importance: Generalized Arteriosclerosis ?	

Was an operation performed? Yes Date of Nov. 3, 1936

For what disease or injury? Ca Esophagus

Operation: Gastrostomy

What test confirmed diagnosis? Clinical & Xray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frank R Stephenson, M. D.

(Address) St Joseph's Hospital

N 11 1937

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31065 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31065

CERTIFICATE OF DEATH

16752 V 47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts., St. 19-K Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1895 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Liberto

If U. S. Veteran specify WAR

(a) Residence: No. 724 W. Fayette St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nannie

6. DATE OF BIRTH (month, day, year) 7-9-1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Italy (State or country)

FATHER

13. NAME Vincent

14. BIRTHPLACE (city or town) Italy (State or country)

MOTHER

15. MAIDEN NAME Mary Cadi

16. BIRTHPLACE (city or town) Italy (State or country)

17. INFORMANT Records of Balto. City Hospts. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Grove 1/12/37

19. UNDERTAKER Gary & Staley (Address) Fulton & Fayette

19 Registrar

JAN 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-9-37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 8-29-36, 19, to 1-9-37, 19

I last saw h alive on 1-9- 19 37 Death is said to have occurred on the date stated above, at 4:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema of Pleura.	Feb
Chd-sy Unknown.	1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lew H. Feldman M. D.

(Address) Balto. City Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. Abbreviations must not be used. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31066

31066 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr Marion C Michaels If U.S Veteran specify WAR .....

(a) Residence: No. Reisterstown, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 20 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Druggist

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Caleb D. Michaels

14. BIRTHPLACE (city or town) (State or country) Fredrick Co

MOTHER

15. MAIDEN NAME Virginia Haeshe

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. H. D. Bond

(Address) Reisterstown Md

18. BURIAL, CREMATION, OR REMOVAL

Place All Saints Date Jan 15 37

19. UNDERTAKER J. E. Elsner & Sons

(Address) Reisterstown Md

20. FILED JAN 12 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/12/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/4/37, 19 to 1/12/37, 19

I last saw h[illegible] alive on 1/12/37, 19 Death is said to have occurred on the date stated above, at 3 15/A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerotic C-V Disease	
Cerebal Hemorrhage	1/6/37
Pneumonia (Lobar)	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Josiah A. Hunt, M. D.

(Address) Md. Gen. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 31067

31067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp' St. 16-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occured 74 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Emma Sneider

(a) Residence: No. 2531 W. Lanvale St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Dec 17, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Edward Sneider

14. BIRTHPLACE (city or town) (State or country) Saxony Germany

MOTHER

15. MAIDEN NAME Wilhelmina Fuchs

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edward F. Sneider (nephew)

(Address) 2531 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 20 1937

19. UNDERTAKER Wm Cook

(Address) 7217 Reisterstown Rd

JAN 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile arteriosclerosis	
hypostatic pneumonia	

Other contributory causes of importance: fractured left femur

Was an operation performed? Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec 29, 1936

Where did injury occur? Balto Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury slipped on floor in bed room

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. Arnold M. D.

(Address) 1010 S. Ellwood Ave Coroner

Information should be carefully supplied. Age should be stated EXACTLY. Approximate statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31068 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31068

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Scott Haines. If U.S. Veteran specify War No Record

(a) Residence No. 2612 N. Calvert St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or ~~WIFE of~~) Lillian Moore Haines

6. DATE OF BIRTH (month, day, year) About 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Westminster Md

FATHER

13. NAME Jesse L. Haines

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

MOTHER

15. MAIDEN NAME Annie R. Stansbury

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md

17. INFORMANT Mary Clarke

(Address) 405 Homewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Md Date 1/14 1937

19. UNDERTAKER William Cole

(Address) 1217 Eutaw St

20. FILED JAN 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/11/37 19

22. I HEREBY CERTIFY, That I attended deceased from 1/9/37 19 to 1/11/37 19

I last saw h. alive on 1/11/37 19 Death is said to have occurred on the date stated above, at 10 05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive C-V Disease	
Cerebral Hemorrhage	1/8/37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Josiah A Hunt, M. D.

(Address) Md. Gen. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31069

31069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH St Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton Aves St. 25-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Masemore If U.S. Veteran specify WAR No Record

(a) Residence: No. 607 Harlem Lane, Catonsville, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ HUSBAND of ~~wife of~~ Susan Masemore

6. DATE OF BIRTH (month, day, year) May 16th 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bloodfoltz & Chambers

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Preston Maryland

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT John Hoby Kins
(Address) 2520 Barclay St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Jan 14th 1937

19. UNDERTAKER Wm Bost
(Address) 1217 St Paul St

20. FILED JAN 12 1937 Harrington Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1936 to Jan. 11, 1937.
I last saw him alive on Jan. 11, 1937. Death is said to have occurred on the date stated above, at 6.25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	1/4/37

Other contributory causes of importance:
Benign Prostatic Hypertrophy

Was an operation performed? Yes Date of 1/4/37
For what disease or injury? Benign Prostatic Hypertrophy
Onset 4 yrs ago

What test confirmed diagnosis? Clinical Course, Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lawrence J. Shimanek M. D.
(Address) St. Agnes Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31070

HEALTH DEPARTMENT—CITY OF BALTIMORE

31070

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH St. Agnes' Hospital, 25-1
CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran, specify WAR No Record

2. FULL NAME Mrs. Ada Geoghan, Treatment
(a) Residence: No. 1602 Holland St. St., Ward. Laverne Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, ~~divorced~~, (or) WIFE of Philip D. Geoghan

6. DATE OF BIRTH (month, day, year) April 9th 1869

Years	Months	Days	If LESS than 1 day, hrs. or min.
67	9	2	

OCCUPATION

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) 1/4/37
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Bolto Maryland

FATHER
13. NAME Wm Pindell
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Hakanson
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ruth M. Geoghan Sworn
(Address) 2nd

18. BURIAL, CREMATION, OR REMOVAL Place St. Annes Annapolis Md Date Jan 12th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

19

AN 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-11 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7 1937 to Jan. 11 1937
I last saw her alive on Jan. 11 1937 Death is said to have occurred on the date stated above, at 4.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Disseminated Bronchopneumonia	1-7-37
Hypertensive Cardiovascular-Renal Disease.	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lawrence J. Shimanek M. D.
(Address) St. Agnes Hospital

information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

F 31071

HEALTH DEPARTMENT—CITY OF BALTIMORE 31071

CERTIFICATE OF DEATH

35a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 22-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Viola Howard

If U.S. Veteran specify WAR ...

(a) Residence: No. 840 S. Eutaw St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negress	Married

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of Charles Howard

6. DATE OF BIRTH (month, day, year) Dec. 20 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co

FATHER

13. NAME Johnie Parker

14. BIRTHPLACE (city or town) (State or country) Calvert Co.

MOTHER

15. MAIDEN NAME Anna Wallace

16. BIRTHPLACE (city or town) (State or country) Calvert Co.

17. INFORMANT Wesley Howard

(Address) 840 S. Eutaw St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date 1/12 ... 1937

19. UNDERTAKER Walter B. Pruitt

(Address) 1340 W. Baltimore St.

JAN 12 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8 ... 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 ... 1937 to Jan 8 ... 1937

I last saw her alive on Jan 8 ... 1937 Death is said to have occurred on the date stated above, at 11:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pelvic inflammatory disease	1[illegible]
Generalized peritonitis	1/7/37
Pulmonary edema	1/8/37

Other contributory causes of importance:

over

Was an operation performed? Yes Date of Jan 8, 1937

For what disease or injury? Pelvic inflammatory disease, peritonitis.

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) I Whiting M. D.

(Address) U of M Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

31072 31072

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Sinai Hosp

CITY OF BALTIMORE: (No. ..... St. 13-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jennie Shulman

If U.S. Veteran specify WAR .....

(a) Residence: No. 2303 - Whittier Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nathan

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Von Kraus

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Von Kraus

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT A. S. Cohen

(Address) 2303 Whittier ave

18. BURIAL, CREMATION, OR REMOVAL

Place Bnai Israel Date 1/13/37 19

19. UNDERTAKER Jacob Levin Sons

(Address) 1439 E. Baltimore St.

FILED JAN 12 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/11/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 . 1937 to Jan 11 , 1937

I last saw her alive on 1/11/37 19 . Death is said to have occurred on the date stated above, at 9:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/3/37
Cardio-vasc. renal dis.	

Other contributory causes of importance:

Diabetes

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Herbert Abramson M. D.

(Address) Sinai Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31073 Gogel F 31073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Linan 1 top St., 2718 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 25 yrs. ..... mos. ..... ds.

2. FULL NAME Anna Gogel

If U.S Veteran specify WAR .....

(a) Residence: No. 5103 Litchfield Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Samuel

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 45 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Nathan

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Schlina

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Gogel

(Address) 2901 Garrison ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 1/12/37

19. UNDERTAKER Jack Levin Jr.

(Address) 1437 E. Baltimore St.

20. FILED ..... 19 .....

JAN 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/11 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/23 1936 to 1/11 1937

I last saw her alive on 1/11 1937. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
Anuria	
Fibrillation	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

21. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. Rosenau, M. D.

(Address) .....

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31074

F 31074 HEALTH DEPARTMENT—CITY OF BALTIMORE 19874

CERTIFICATE OF DEATH

✓ 46-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 17-2 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Smith

(a) Residence: No. 550 W. Preston St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry

6. DATE OF BIRTH (month, day, year) 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME William Ray

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem Date 1-13-37

19. UNDERTAKER Bernard P. Hennessy
(Address) 818 Druid Hill Ave

20. FILED ..... 19..... Registrar.

JAN 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-10 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-30 1936 to 1-10 1937

I last saw her alive on 1-10 1937 Death is said to have occurred on the date stated above, at 12:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?
with Metastasis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Alex Brantigan M. D.

(Address) Baltimore City Hosp.

Information should be carefully supplied. All answers must be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 31075

31075 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1421 N. Fulton Ave Ward 45-2)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 5 mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Gilbert Black

If U.S. Veteran specify WAR ...

(a) Residence: No. 1421 N. Fulton Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Elvira Black.

6. DATE OF BIRTH (month, day, year) Aug. 27, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Louis Black

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Narcissus Peregoy

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs. Elvira Black

(Address) 1421 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Nat'l Cem. Date Jan. 12 1937

19. UNDERTAKER Wm. Tischler Sons

(Address) North & Druid Hill Aves.

20. FILED Jan 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jany 4 1937 to Jany 9 1937

I last saw him alive on Jany 9 1937 Death is said to have occurred on the date stated above, at 1.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? None Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) George C Shannon M. D.

(Address) 700 N. Fulton Ave

AN 12 1937

323639
31076

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31076

CERTIFICATE OF DEATH

X 47-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John ~~Jacob~~ Frederick Allsopp If U.S. Veteran specify WAR

(a) Residence: No. R.F.D 2 (Usual place of abode) Owings Mills Ward. Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary

6. DATE OF BIRTH (month, day, year): 12-22-83

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): England

FATHER

13. NAME: John allsopp

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Sarah Knott

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place St. Thomas Date Jan 14 1937

19. UNDERTAKER: J. H. Eline & Sons

(Address) Reisterstown Md.

20. FILED [illegible] 19 [illegible] Registrar.

N 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1937, to Jan 12, 1937

I last saw him alive on Jan 12, 1937. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor of Lung over 7	
Obstruction of Trachea	Jan. 8, 1937
Anorexia	Jan. 12, 1937

Other contributory causes of importance:

Empleysema	9
Bronchitis	9

Was an operation performed? no Date of

For what disease or injury? no

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following.

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R Carmichael Filby M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31077

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31077

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 738 Pierce St. 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard Tilghman

If U. S. Veteran specify WAR

(a) Residence: No. 738 Pierce St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 9, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	1	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Chas E. Tilghman

14. BIRTHPLACE (city or town) (State or country): Eastern Shore Md

MOTHER

15. MAIDEN NAME: Fannie Wallace

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Louisa Tilghman 738 Pierce St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Calvary Date: 1/13/37

19. UNDERTAKER: Wm A Jackson

(Address): 916 W Pennsa Ave

JAN 12 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1936 to Jany 9, 1937

I last saw him alive on Jany 8, 1937. Death is said to have occurred on the date stated above, at 7.P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Phthisis Pulmonalis	
Other contributory causes of importance:	
—	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Reg Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. E. Howell M. D.

(Address) 607 Harrowlow Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31078

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31078

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 632 W. Montgomery St. 22 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Butler

If U.S. Veteran specify WAR .....

(a) Residence: No. 632 W. Montgomery St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Isiah Butler

6. DATE OF BIRTH (month, day, year) 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Hugh Jones

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Caroline Parker

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wm Butler

(Address) 506 W. Cross

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Jan 12 1937

19. UNDERTAKER James A Frazier

(Address) 1141 W Fayette St

20. FILED JAN 12 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1937 to Jan 9, 1937

I last saw h.. alive on Jan 9, 19.. Death is said to have occurred on the date stated above, at 3 30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	
Fox Fever	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Physical Signs Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W G Hampton M. D.

(Address) .....

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31079

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31079

#18495

CERTIFICATE OF DEATH

✓ 131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Frost

(a) Residence: No. 206 Myrtle Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married (sep.)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosie

6. DATE OF BIRTH (month, day, year) 9/2/1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George Blake

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Harriett Frost

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Jan 13 1937

19. UNDERTAKER James Adolayes
(Address) 142 W Saratoga St

20. FILED JAN 12 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-9, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-6, 1936, to 1-9, 1937

I last saw him alive on 1-9, 1937 Death is said to have occurred on the date stated above, at 9:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Renal Disease with uremia	1 yr.
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John F Ramey M. D.

(Address) Baltimore City Hospitals

JAN 12 1937

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 31080

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31080

CERTIFICATE OF DEATH

V 134

18-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 877½ W. Lombard St. ..... Ward)

Length of residence in city or town where death occurred 80 yrs. 6 mos. 26 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louisa Lunn

(a) Residence: No. 877½ W. Lombard St. ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 15, 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Edward Lunn
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Frances Yinger
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. John J. Lunn
(Address) 877½ W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 1/13/ 1937

19. UNDERTAKER John J. Coyle & Son
(Address) 1901 Eastern Ave

20. FILED ... 19... [illegible]

JAN 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/10/ 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1937 to Jan. 10, 1937.
I last saw h[illegible] alive on Jan 10, 1937. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Dil. Nephritis	6 mo.

Other contributory causes of importance:

none

Name of operation none Date of —

What test confirmed diagnosis? Clinic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Chas. Norton, M. D.
(Address) 1537 W. Lombard St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

F 31081

31081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Wallace -87-W

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2229 Penna ave St., 14th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Jane Wallace

If U. S. Veteran specify WAR .....

(a) Residence: No. 2229 Penna av St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Arthur E. Wallace

6. DATE OF BIRTH (month, day, year) 6/4/1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John Curry

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Arthur E. Wallace

(Address) 2229 Penna ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date 1/13 19 36

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St

AN 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/10 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/6 . 1936 to 1/12 . 1936

I last saw h... alive on 1/10 . 1936 Death is said to have occurred on the date stated above, at 9A m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy + Paralysis

Date of onset .....

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Burr Letts, M. D.

(Address) 213 Cathedral St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 31082

F 31082 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Howard A Kelly Hospital Registered No.

CITY OF BALTIMORE: (No. 1418 Eutaw Place St., 14 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Alfred P. Averill

(a) Residence: No. ? Perrysburg Ohio Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Cook Averill

6. DATE OF BIRTH (month, day, year) July 17 - 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pay Master, Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Southern Pacific R.R.

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Columbus Ohio

FATHER

13. NAME Henry C. Averill

14. BIRTHPLACE (city or town) (State or country) Hartford Conn.

MOTHER

15. MAIDEN NAME Julia Anne Dodge

16. BIRTHPLACE (city or town) (State or country) Lyme N. H.

17. INFORMANT Frederick C. Averill

(Address) 101 Nicholas Bldg. Toledo Ohio

18. BURIAL, CREMATION, OR REMOVAL

Place Bryan Ohio Date Jan 14 1937

19. UNDERTAKER Chas. G. Clark

(Address) 242 W. North Ave.

FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 23. 1935 to Jan 12 1937

I last saw h. in alive on Jan 12 1937 Death is said to have occurred on the date stated above, at 1.10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cerebral Hemorrhage	11-Jan 37
2. Apoplexy	

Other contributory causes of importance:

Carcinoma of the stomach. Sept-1934

Name of operation None Date of

What test confirmed diagnosis? Path. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No. 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Thelleam Reed Jr. M. D.

(Address) 1418 Eutaw Place.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

Kraemer

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31083

CERTIFICATE OF DEATH

F 31083

46-C

1. PLACE OF DEATH Levindale,

CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave St.) (27-K Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jennie Kraemer

(a) Residence: No. Levindale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David Kraemer

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
60	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 1937

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russian

FATHER

13. NAME Sundel Kraff

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sigmund Feinblatt

(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL

Place Nathan Wasleyan Rd Date Jan 12 1937

19. UNDERTAKER Sol Levinson & Bros

(Address) 1127 E. Balto st

JAN 12 1937

Huntington Station, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 24 1931 to January 11 1937

I last saw her alive on January 11 1937. Death is said to have occurred on the date stated above, at 5 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	

Other contributory causes of importance:

Name of operation Colostomy of Colon Date of Oct 29/1931

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Edmund Levin M. D.

(Address) Levindale

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31084 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31084

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2011 Wilkins ave St. 20-3 Ward)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Molly Rosenberg — If U. S. Veteran specify WAR .....

(a) Residence: No. 2011 Wilkins ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harvey Rosenberg

6. DATE OF BIRTH (month, day, year) 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Latvia

FATHER

13. NAME Jacob Kramer

14. BIRTHPLACE (city or town) (State or country) Latvia

MOTHER

15. MAIDEN NAME Hannah ? ?

16. BIRTHPLACE (city or town) (State or country) Latvia

17. INFORMANT Louis Rosenberg

(Address) 1307 East Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place Nethen Rosedale Cemetery Date January 12 1937

19. UNDERTAKER Sol Levinson & Bros

(Address) 112 E Baltimore St.

JAN 12 1937

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 11 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, find that said deceased came to her death on the day stated above, 5:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
6 hours — Cerebral Hemorrhage	

Other contributory causes of importance: —

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation — Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Thos H Phillips Coroner, M. D.

(Address) 1939 Edmondson Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-E 31085

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp St. No-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry Brockman

(a) Residence: No. 3405 Brendon Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary S. Brockman

6. DATE OF BIRTH (month, day, year) May 3-1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
53	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna. R. R Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Brockman

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Wagner

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mary E. Brockman

(Address) 3405 Brendon ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood cem. Date Jan 13 1937

19. UNDERTAKER George W. Zinkler

(Address) 1737 E. Eager St.

JAN 12 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-10 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1937 to Jan 10 1937

that I last saw him alive on Jan 10 1937 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Hemorrhage	1-1-37

Other contributory causes of importance:

Gastric ulcer

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Frank R Stephenson M. D.

(Address) St Josephs Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31086

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31086

CERTIFICATE OF DEATH

46-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 Whitelock St. 13-2 Ward

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Esther Lipsich

(a) Residence: No. 601 Whitelock St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry

6. DATE OF BIRTH (month, day, year): 1859

7. AGE: Years 78 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Mavis Mervis

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Frieda Mervis

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Fannie Lipsich

(Address) 601 Whitelock

18. BURIAL, CREMATION, OR REMOVAL: Levering Ave Date 1-12-37 19

19. UNDERTAKER: Mark Lewis Inc

(Address) 1439 E. Balto St

19 ..... FILED JAN 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 11. 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1935 to Jan. 11 1937

I last saw her alive on Jan. 11, 1937. Death is said to have occurred on the date stated above, at 7.35 P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Exanition Dec. 1936

Other contributory causes of importance: Carcinoma of Esophagus

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X-Ray. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Herbert Goldstone M. D.

(Address) 902 Whitelock St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. EACH STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.

V S 3

31087

HEALTH DEPARTMENT—CITY OF BALTIMORE

31087

CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 48 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Allen Dorsey

If U.S. Veteran specify WAR .....

(a) Residence: No. 933 Madison ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Homeway (Address) 1601 Pacific St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lion Cemetery Date Jan 12 1937

19. UNDERTAKER Adolphus Holtzclaw (Address) 918 Lund Ave.

20. FILED ..... 19 ..... Registrar

JAN 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-10-37. 19

22. I HEREBY CERTIFY, That I attended deceased from 12-30-36. 19 ..... to 1-10-37. 19 .....

I last saw h.i.M. alive on 1-10-37. 19 ..... Death is said to have occurred on the date stated above, at 11:A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Leonard C. Lund, M. D.

(Address) Md. Gen. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

31088

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31088

CERTIFICATE OF DEATH

51-B 13183

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Atkinson

If U. S. Veteran specify WAR .....

(a) Residence: No. 650 W. Fayette St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Maltman

6. DATE OF BIRTH (month, day, year) 2-10-62.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	II	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None (Good)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Camden, N. J.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) N. J.

MOTHER

15. MAIDEN NAME Margaret Read

16. BIRTHPLACE (city or town) (State or country) N. J.

17. INFORMANT ..... B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Pauls Date I-13-37. 19....

19. UNDERTAKER Wendell C. Humphreys
(Address) 1501 N Broadway.

JAN 12 1937 ..... Registrar.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-10, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-21, 1936 to 1-10, 1937

I last saw him alive on 1-10, 1937. Death is said to have occurred on the date stated above, at 9.25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 days
Other contributory causes of importance: Carcinoma of bladder (tumor)	6 mo.

Was an operation performed? Yes Date of 12-29-36

For what disease or injury? Carcinoma of bladder

Name of operation Fulguration of bladder tumor

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. H. Howe M. D.

(Address) Balto. City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

31089 F 31089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 Poplar Grove St. St., 20-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George W. Eney

(a) Residence: No. 410 Poplar Grove St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence Mallonee Eney

6. DATE OF BIRTH (month, day, year) Jan. 28, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furrier of 45

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thomas Eney

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Susan F. Stickel

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Miss Nellie V. Eney
(Address) 410 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 1/14/37 19

19. UNDERTAKER Geo. L. Berger Jr
(Address) 1512 Hollins St.

1/12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 . 1937 . to Jan 11 . 1937

I last saw h.. alive on Jan 10 . 1937 . Death is said to have occurred on the date stated above, at 3 40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	5 mos yrs
Other contributory causes of importance:	
Uraemia —	Jan 6 '37

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Renal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) W Bowen and Lord . M. D.

(Address) 2200 Garrison Blvd.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31090

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31090

CERTIFICATE OF DEATH

11-a

13-7

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3722 Chestnut Ave. St. Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Martha Anna Wentz

(a) Residence: No. 3722 Chestnut Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James H. Wentz

6. DATE OF BIRTH (month, day, year) November 18, 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Robert Dutrow

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Rachel Felta

16. BIRTHPLACE (city or town) (State or country) Germantown Pennsylvania

17. INFORMANT Mr. Robert I. Wentz

(Address) 1734 N. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date Jan. 12, 1937

19. UNDERTAKER

(Address) 1003 W. Baltimore St.

JAN 12 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 1st, 1934 to Jan 10th, 1937

last saw her alive on Jan 10th, 1937. Death is said to have occurred on the date stated above, at 5.45 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia (Hypostatic)

Date of onset

Other contributory causes of importance:

Hypostasis & Senility.

Was an operation performed? No. Date of .....

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. P. Friedrich, M. D.

(Address) 3615 Falls Road

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31091 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31091

CERTIFICATE OF DEATH

110

Registered No. .....

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred Lifetime yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John W. Young

If U.S. Veteran specify WAR W.W.

(a) Residence: No. 4218 Evans Chapel Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Negro	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susan Young

6. DATE OF BIRTH (month, day, year) Dec. 27, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	-	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, saw, cr. bookkeeper, etc. Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec. 1, 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Young

14. BIRTHPLACE (city or town) (State or country) Port Deposit Md.

MOTHER

15. MAIDEN NAME Mary Williams

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place National Date Jan 14 37

19. UNDERTAKER Mrs. Geo. H. Holland
(Address) 763 Druid Hill Ave

FILED JAN 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 26, 1936 to January 11, 1937.

I last saw him alive on January 11, 1937. Death is said to have occurred on the date stated above, at 4:15a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleurisy, chronic, suppurative	12-21-36
Meningitis, pneumococcic	1-8-37

Other contributory causes of importance: over

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) T. B. H. a diver, M. D.

(Address) U.S. Marine Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

31092

CERTIFICATE OF DEATH

31092

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 Dolphin St St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Brooks Fletcher

If U.S. Veteran specify WAR

(a) Residence: No. 531 Dolphin St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of George H. Fletcher

6. DATE OF BIRTH (month, day, year) Feb. 7 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Benjamin Peters

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Williams

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Ines B. Smith

(Address) 531 Dolphin

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date JAN 12 '37 19

19. UNDERTAKER Mrs. Geo. H. Holland

(Address) 1631 Druid Hill Ave

20. FILED JAN 12 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 — 9 — 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-1-35 19 to 1-9 1937

I last saw her alive on 1-9 1937. Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Cardio-Vascular Renal	
Cerebral - Pulmonary Edema	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. B. Butler M. D.

(Address) 2035 Druid Hill Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

✓ F 31093

31093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Ferris

If U. S. Veteran specify WAR .....

(a) Residence: No. 325 N. Eutaw St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Not Known

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Not employed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Not Known

FATHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: B C Hart.

(Address) 121 E 23rd St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date Jan. 13th. 1937

19. UNDERTAKER: Bernard E. Hart

(Address) 121 E. 23rd. St.

JAN 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) 4 KC Cohen M. D.

Coroner

(Address) 2757 E. Monument

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

✓ F 31094

F 31094 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1932 Maisel St. St. 25-3 Ward)

Length of residence in city or town where death occurred 71 yrs. 1 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George T. Jones.

(a) Residence: No. 1932 Maisel St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~XXXXXXXXXXXX~~ HUSBAND of (~~XXXXXXXX~~) Mary J. Jones.

6. DATE OF BIRTH (month, day, ~~year~~) December 7, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager of Oil Station.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George W. Jones.

14. BIRTHPLACE (city or town) (State or country) Wilmington, Del.

MOTHER

15. MAIDEN NAME Elizabeth Kelty.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mary J. Jones. (wife)
(Address) 1932 Maisel St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Jan - 13th 1937

19. UNDERTAKER Bernard E. Earle
(Address) 121 E. West St.

JAN 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, ~~year~~) January 10, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Otto M. Reinhardt Coroner, M. D.

1/11/37 Address 1017 S. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31095

HEALTH DEPARTMENT—CITY OF BALTIMORE #19882

F 31095

CERTIFICATE OF DEATH

157-a

Registered No. 24-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Girl Reed

(a) Residence: No. 1209 Durst St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 24, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
14 days		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Thomas Reed

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eva Tyson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Johns Hopkins Med. Schl. Jan. 12, 37

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

N 12 1937

2895 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/7/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 12-31-36 19..., to 1-7-37 19...

I last saw her alive on 1-7-37 19... Death is said to have occurred on the date stated above, at 8:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	Birth
from Birth Injury	Birth
Hydrocephalus	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation Ventricular puncture

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. J. Crowden M. D.

(Address) Balto City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31096 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31096

CERTIFICATE OF DEATH

93-C

Registered No. 9-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114-Gorsuch Ave. St., 9-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. Unknown mos. ds. How long in U. S. If of foreign birth 54 yrs. mos. ds.

2. FULL NAME Sarah Johanna Oberle

If U.S. Veteran specify WAR

(a) Residence: No. 1114-Gorsuch Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Seraphin Oberle

6. DATE OF BIRTH (month, day, year) May 12, 1855

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
81	7	29	XXXXX

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Garrett Keviet

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Seraphin Oberle Jr.

(Address) 1114-Gorsuch Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 1/13/37 19

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735-Harford Ave.

20. FILED JAN 12 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 10 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 25 1936 to 1 - 10 - 1937

I last saw her alive on 1 - 9 - 1937 Death is said to have occurred on the date stated above, at 9:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	Unknown
Chr Myocarditis	
Coronary arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo B. Lybert M. D.

(Address) 2802 Harford

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

31097 F 31097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ... St., 5-1 Ward)

Registered No. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Rappa — If U. S. Veteran specify WAR ...

(a) Residence: No. 1226 St. Mathew Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Cohen Rappa

6. DATE OF BIRTH (month, day, year): Nov. 17th, 1903.

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
33	I	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Fruit Business

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country): Lawrence Mass

FATHER

13. NAME: Joseph Rappa

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Nancy Marino

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: Mrs Sarah Rappa (Address) 226 St Mathew street

18. BURIAL, CREMATION, OR REMOVAL: Lorraine, Mass. Place Boston Date 11/12/37, 19...

19. UNDERTAKER: Geo. D. Rath Inc (Address) 1735 Hoffman St

20. FILED JAN 12 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Injuries	
Both Legs Broken	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury 1-10, 1937

Where did injury occur? Union & Lemmon sts. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by Auto while crossing street

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

V S 6

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31098 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31098

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 508- E. Eager Street St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.) 50

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth ... yrs. ... mos. ... ds.

2. FULL NAME Mary Saurin

If U.S. Veteran specify WAR ... no

(a) Residence: No. 508-E. Eager Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edmund H. Saurin

6. DATE OF BIRTH (month, day, year) May 1, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
66	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Dyer

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget (Dyer)

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mrs. Agnes Kelly 508-E. Eager Street

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 1/13/37 19

19. UNDERTAKER (Address) George J. Ruth, Inc. 1735-Harford Ave.

20. FILED ... 19 JAN 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1 1930 to Jan 10 1937

I last saw him alive on Jan 10 1937. Death is said to have occurred on the date stated above, at 8:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Arteriosclerosis	Indefinite
Other contributory causes of importance: Pulmonary Edema	

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) W. H. Woody M. D.

(Address) 1403 Back Bay

OCCUPATION is very important. See instructions on back of certificate.

F 31099 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31099

CERTIFICATE OF DEATH

23-149B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Stumbroski (18375)

If U. S. Veteran specify WAR

(a) Residence: No. 1309 Linden Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clement

6. DATE OF BIRTH (month, day, year) April 20, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	8	21 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Stanley Sinix

14. BIRTHPLACE (city or town) (State or country) ??

MOTHER

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Jan 13 37

19. UNDERTAKER William G. Schaeffer
(Address) 846 E. Monument St.

20. Filed JAN 12 1937 21. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 19, 1936 to January 10, 1937

I last saw her alive on January 10, 1937 Death is said to have occurred on the date stated above, at 9:15 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Sept 1936
Tuberculous Leptomeningitis	Two Weeks

Other contributory causes of importance:

over

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Leon H. Feldman. M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31100

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31100

CERTIFICATE OF DEATH 20180

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

N.B.

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Stumbroski

If U. S. Veteran specify WAR

(a) Residence: No. 1309 Linden Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single (N.B.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-9-37

7. AGE Years	Months	Days	If LESS than 1 day 15½ hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Clem

14. BIRTHPLACE (city or town) (State or country) Un.

MOTHER

15. MAIDEN NAME Carrie Sinix

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Jan 13 1937

19. UNDERTAKER Wm. G. Schaeffer

(Address) 1816 E. Monument St

20. FILED ... 19... Registrar.

JAN 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-10, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-9 1937, to 1-10 1937

I last saw her alive on 8 35 67, 1937. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance: Atrophy Subscalses	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation no

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) F. Kodaw M. D.

(Address) Balto City Hosps

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

31101 F 31101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward) Registered No. 186-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John J. Creamer If U. S. Veteran specify WAR .....

(a) Residence: No. 111 C. St. West Brunswick Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances H. Creamer

6. DATE OF BIRTH (month, day, year) May 27, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. B&OR.R. Con.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. RR

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Anthony Creamer

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Margarett J. Scheckels

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. John Creamer

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL Mt. A. Co. Md

Place Holy Cross Date Jan 14 1937

19. UNDERTAKER Geo. P. Schwab

(Address) 2101 Jefferson Ave.

20. [illegible] JAN 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Pelvis	
Lobar Pneumonia	
Chronic Nephritis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Jan. 9. 1937

Where did injury occur? B&O. Railroad Bridge Laurel Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Private Railroad

Manner of injury Fell from Bridge

Nature of injury Fracture of Pelvis

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Fell while working

(Signed) [signature] M. D. Coroner

(Address) 2757 W. North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31102 — CERTIFICATE OF DEATH — 131 F 31102

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat 28-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Ella V. Carey

If U.S. Veteran specify WAR .....

(a) Residence: No. 2705 Hemlock Ave. Mount Hope Retreat St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph E Carey

6. DATE OF BIRTH (month, day, year) Dec 7 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	11	14	3

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Geo. H. Simms

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Elizabeth Strauss

16. BIRTHPLACE (city or town) (State or country) York Pa.

17. INFORMANT Gerald Jno. Clostey

(Address) 2705 Hemlock Ave

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Date 1/13/37

19. UNDERTAKER Leonard J. Clusky

(Address) 4305 Hartford Ave.

Huntington Ave. Funeral Home

1 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from March, 1934 to Jan 10, 1937.

I last saw her alive on Jan 10, 1937. Death is said to have occurred on the date stated above, at 12:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy	12 yrs
Epileptic Sclerosis	??
Other contributory causes of importance:	
Epileptic seizures	2 days
Chronic nephritis (interstitial)	2 yrs

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Damon C. Clayton, M.D.

Address 536 Fredericks St

state CAUSE OF ... TH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

✓ F 31103

F 31103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 210-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 19-3 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME .....

(a) Residence: No. ..... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country)

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) ..... (State or country)

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 13 19 37

19. UNDERTAKER Harry H Wilke
(Address) 1101 Edmondson ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ..... , 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 12 1937

Spec.—9 30—A. & Co.—250 Bks.

F 31104 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31104

CERTIFICATE OF DEATH.

92-a

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Franklin Square Hospt. St 13-X WARD)

2-FULL NAME Mrs. Della L Morrison

(a) RESIDENCE NO. 1345 Walden Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of wife of Raymond E. Morrison

6 DATE OF BIRTH (month, day, and year) May 2 1891

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
45	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER John Wollery

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Ida M. Ward

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Raymond E. Morrison
(Address) 1345 Walden Ave

15 [illegible] Huntington Pattersons MD Registrar

N 12 1937

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 12-1937

17

I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1936, to Jan. 12, 1937

that I last saw her alive on Jan. 12, 1937

and that death occurred, on the date stated above, at 4:45 A.m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis (Mitral Insufficiency)

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Wilson Hollenta M. D.

, 19 (Address) Franklin Square Hospt

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rockburn Carroll Co Md

DATE OF BURIAL Jan 15 1937

UNDERTAKER H. C. Bronowell Son

ADDRESS 3615-17 Chestnut Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

In Lillack - Falls Road.

F 31105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

F 31105

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3605 Buena Vista Ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice M. Byrne

If U.S. Veteran specify WAR

(a) Residence: No. 3605 Buena Vista Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of William J. Byrne

6. DATE OF BIRTH (month, day, year) March 9, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Mitchell Litzinger

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Barnes

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT William J. Byrne
(Address) 3605 Buena Vista Ave

18. BURIAL, CREMATION, OR REMOVAL
Cedar Hill Date Jan 14, 1937

19. UNDERTAKER Thanhauser & Son
(Address) 3615 Thanhauser Ave

20. FILED JAN 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1st. 1935 to Jan 11th 1937

I last saw her alive on Jan 10th 1937 Death is said to have occurred on the date stated above, at 1:35 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	

Other contributory causes of importance:

senility. Hypertension for years.	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Physical findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) B. A. Fillack, M. D.
(Address) 3611 Falls Rd. Baltimore Md

STATE CAUSES OF DEATH IN PLAIN TERMS, so that it may be properly classified. EACH statement of OCCUPATION is very important. See instructions on back of certificate.

N 12 1937

Spec—9-30—A & Co.—250 Bks

F 31106 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 31106

CERTIFICATE OF DEATH. 108

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Franklin Square Hosp. (Street) W. (WARD) 13-6

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence M. Tracy

(a) RESIDENCE NO. 850 (Usual place of abode) Powers St. ST. WARD
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Catherine Tracy.

6 DATE OF BIRTH (month, day, and year) May 8, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	53	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer pd 3

(b) General nature of industry, business, or establishment in which employed (or employer) Penna. R. R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Wm Henry Tracy.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto County (?)

12 MAIDEN NAME OF MOTHER Stiller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Co. ?

14 Informant Robert Tracy (son).
(Address) 3623 Chestnut Ave.

12 1937 [illegible] M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10, 1937

17 I HEREBY CERTIFY, That I attended deceased from 12/29/, 1936, to 1/10/, 1937.

that I last saw him alive on 1/10/, 1937

and that death occurred, on the date stated above, at 10:30 A. m.

The CAUSE OF DEATH* was as follows:

Congestive Heart Failure &
auricular fibrillation.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Abraham A. Levin, M. D.

, 19 (Address) Franklin Sq. Hospital.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Grove, Balto Co Md

DATE OF BURIAL Jan 13, 1937

20 UNDERTAKER Thenoweth & Son

ADDRESS 3615-17 Chestnut Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. H 1268-9

✓ F 31107

31107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Med Baltimore City Hosp 210-M

CITY OF BALTIMORE: (No.) St. 24-3 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. H. Rumbold

If U. S. Veteran specify WAR ~~World War~~ Spanish War

(a) Residence: No. 604 E. Preston St. Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 24 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Prince George Co. Md

FATHER

13. NAME John Rumbold

14. BIRTHPLACE (city or town) (State or country) Prince George Co Md

MOTHER

15. MAIDEN NAME Mary J. Anderson

16. BIRTHPLACE (city or town) (State or country) Prince George Co Md

17. INFORMANT Son Hugh Rumbold

(Address) 604 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL Cherry Grove Anne Arundel Co Md Date 1/13 1937

19. UNDERTAKER Robert Brune & Son

(Address) Eutaw & Lafayette Sts

20. [illegible] 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-10 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Renal Failure	
Chronic	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1-8 1937

Where did injury occur? Front of 308 Lyndhurst (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Nature of injury Struck by auto while crossing

Nature of injury Received car passed over left

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

Signed Hubert Bayley Jr. M. D.

Coroner

(Address) 907 N Chas

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 12-1937

F 31108

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31108

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 12-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Ashley Resnick If U. S. Veteran specify WAR .....

(a) Residence: No. Long Green Valley St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie M. Resnick

6. DATE OF BIRTH (month, day, year) Mar 22, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	9 3	2 2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) 1/6/37

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

FATHER

13. NAME John Resnick

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Case

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Mrs Minnie M Resnick
(Address) Long Green Valley

18. BURIAL, CREMATION, OR REMOVAL
Place Waugh Chapel Date Jan 14 1937

19. UNDERTAKER John Burns Sons
(Address) Towson Md.

JAN 13 1937 Huntington Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1937

22. I HEREBY CERTIFY, That I last saw the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	1/6/37

Other contributory causes of importance:

Was an operation performed? no

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Jan 6 1937

Where did injury occur? Long Green Valley
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place? Home

Manner of injury Fell down steps

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. H. Steadman M. D.
Coroner

(Address) Towson

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. B 1268-9

F 31109

F 31109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Vet. specify WAR No Record

2. FULL NAME Frank N. Eckert

(a) Residence: No. 144 N. Conkling St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Eckert

6. DATE OF BIRTH (month, day, year) April 29 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME John C. Eckert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christine Sigel

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Anna M. Eckert
(Address) Balto. Md

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Jan 15th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

JAN 13 1937

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Arterio-sclerosis	
Diabetes	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber M. D.
Coroner

(Address) 1919 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 31110 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31110

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1325 Winton St. St. 9-9 Ward)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Margaret Denny

(a) Residence: No. 1325 Winton St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced (or) WIFE of Richard Denny

6. DATE OF BIRTH (month, day, year) June 6th 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hairdresser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Neal A. McPhadden

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Myra McCannin

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Catherine R. McPhadden
(Address) 1325 Winton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Jan 14th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JAN 13 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:
Cerebral Embolism

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Ehrenberg, M. D.
Coroner

(Address) 1918 E. North Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vse

Spec.—1-10-21—M&T—1500 Blks.

F 3111

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 3111

CERTIFICATE OF DEATH.

87-a

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2211 Rogers Ave ST. Parkview 27-15 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2-FULL NAME Samuel Kemp.

(a) RESIDENCE NO. Home for the Aged of the U. E. Church ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) Wife of~~ Martha Kemp

6 DATE OF BIRTH (month, day, and year) Feb 7th 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	78	11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Inmate

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer For Aged

9 BIRTHPLACE (city or town) Balto Co

(State or country) Md

PARENTS

10 NAME OF FATHER Wm Kemp

11 BIRTHPLACE OF FATHER (city or town) Balto Co

(State or country) Md

12 MAIDEN NAME OF MOTHER Henriett Bull

13 BIRTHPLACE OF MOTHER (city or town) Balto Co

(State or country) Md

14 Informant Records Home for Aged

(Address) 2211 Rogers Ave

15 Filed JAN 13 1937, 19 Huntington Pinkney, Md Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1937

17 I HEREBY CERTIFY, That I attended deceased from Jany 8, 1937, to Jany 11, 1937.

(That I last saw him alive on Jany 9, 1937,

and that death occurred, on the date stated above, at 2.30a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ✓ yrs. ✓ mos 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 3 yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) George C. Shannon, M. D.

1/12, 1937 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine — DATE OF BURIAL 1/13/1937

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

AN 13 1937

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

F 31112

31112 HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2400 Maryland Ave 12-7 Ward)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nelson Clinton Miles If U.S. Veteran specify WAR No Record

(a) Residence: No. 2400 Maryland Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Mary E. Miles

6. DATE OF BIRTH (month, day, year) June 23rd 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Utility Mfg. Co.

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md

FATHER

13. NAME Nelson R. Miles

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER

15. MAIDEN NAME Cecelia Mays

16. BIRTHPLACE (city or town) (State or country) Balto. Co Md

17. INFORMANT Nelson R. Miles

(Address) Owings Mills Md

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Church Cemetery Date Jan 14th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JAN 13 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1937 to Jan 11 1937

I last saw h[illegible] alive on Jan 11 1937. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Pneumonia	5 days
Other contributory causes of importance: Chronic Nephritis	Indef

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.

(Address) 112 W. 25 St

OCCUPATION is very important. See instructions on back of certificate.

F 31113 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31113

CERTIFICATE OF DEATH 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital 15-6 St., (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lulah C. Woodward

(a) Residence: No. 2845 W. North Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jesse E Woodward

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Carter

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Jesse E Woodward Jr

(Address) 2845 W North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 13, 1937

19. UNDERTAKER Geo W Sylla

(Address) 2700 Edmondson Ave

20. FILED ..... 19 .....

JAN 13 1937 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11, 1937

I HEREBY CERTIFY, That I attended deceased from Jan 8, 1937 to Jan 11, 1937

That I last saw her alive on Jan 11, 1937 Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	1-8-37
Other contributory causes of importance:	
	Unk

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Trent R Stephenson M. D.

(Address) St Josephs' Hospital

31114 F 31114

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-108

Registered No.

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St., 7 — Ward)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR W. W.

2. FULL NAME Morris Logan

(a) Residence: No. 726 N. Wolfe St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron Foundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Buckingham Virginia

FATHER

13. NAME John Logan

14. BIRTHPLACE (city or town) (State or country) Buckingham Virginia

MOTHER

15. MAIDEN NAME Alberta Hurt

16. BIRTHPLACE (city or town) (State or country) Buckingham Virginia

17. INFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date 1/15/ 1937

19. UNDERTAKER Frances A. Stempley

(Address) 524 E. Biddle St

20. FILED JAN 13 1931 12 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 11, 1937 to January 12, 1937

I last saw h... im alive on January 12, 1937. Death is said to have occurred on the date stated above, at 5:27 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, left, pneumococcic	Unkn.
Syphilis, tertiary, cardiovascular	Unknown
Cardiac disease, valvular, aortic insufficiency with decompensation	"

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. M. N. a dese. M. D.

(Address) U. S. Marine Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 31115

F 31115 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

11-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp St., 16 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Paul Edgerton

(a) Residence: No. 1011 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 28, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Zolly Edgerton

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Esther Brogden

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Zolly Edgerton
(Address) 1011 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL Mt Auburn Cem Date 1/13 1937

19. UNDERTAKER Frances A Hemsley
(Address) 578 W. Biddle St.

DATE JAN 13 1937 Filed by [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-12-37. 19

22. I HEREBY CERTIFY, That I attended deceased from 1-3- 1937 to 1-11- 1937

I last saw him alive on 1-11- 1937 Death is said to have occurred on the date stated above, at 2.20 a.m.

The principal cause of death and related causes of importance were as follows:

Influenzal meningitis — Date of onset 12-20-36

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. W. Waghelstein M. D.

(Address) Sydenham Hosp.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

31116 F 31116

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital 9-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katherine E. Yeakle YEAKLE

(a) Residence: No. 959 Gorsuch Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William N. Yeakle

6. DATE OF BIRTH (month, day, year) Feb 13, 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles W. Cherry

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Georgia Kraft

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT William N. Yeakle

(Address) 959 Gorsuch Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 14 1937

19. UNDERTAKER Fu-Mrs. John W. Deufel & Son

(Address) 801 W. Fayette St

FILED JAN 13 1937 [illegible] Registrar

EKL

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1936 to Jan 11 1937

I last saw her alive on Jan 11 1937 Death is said to have occurred on the date stated above, at 5-25 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma Sigmoid	?

Other contributory causes of importance:

Terminal Bronchopneumonia 3 days

Was an operation performed? yes Date of Dec. 30, 1936

For what disease or injury? Adeno carcinoma. Sigmoid

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ~, 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank R Stephenson M. D.

(Address) St. Josephs Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 31117

F 31117 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31117

CERTIFICATE OF DEATH X √112

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dorothy Ritter

If U.S. Veteran specify WAR .....

(a) Residence: No. Bella Base Co. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 23, 1912

7. AGE: Years 24 | Months 5 | Days 14 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cloth Finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woolen Mill

10. Date deceased last worked at this occupation (month and year) 11/21/36

11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (city or town) (State or country) Bella Maryland

FATHER

13. NAME Charles W. Ritter

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Dorothea E. Fink

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Albert Chandler
(Address) Bella Md

18. BURIAL, CREMATION, OR REMOVAL
Place Bella Cem Date Jan 13 1937

19. UNDERTAKER Easton Sons
(Address) Edmondson Ave

20. FILED ... 19 ... Registrar

JAN 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 1936 to Jan 10 1937

I last saw h... alive on Jan 10 1937 Death is said to have occurred on the date stated above, at 7:15P m.

The principal cause of death and related causes of importance were as follows:

Bronchial Asthma (Coma) — Date of onset 1933

Other contributory causes of importance: circulatory collapse Jan 10 1937

Was an operation performed? no Date of ...

For what disease or injury? ...

What test confirmed diagnosis? clin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Paul Schonfeld M. D.

(Address) University Hospital.

OCCUPATION is very important. See instructions on back of certificate.

O.K. - Paul Schreuber

31118

HEALTH DEPARTMENT—CITY OF BALTIMORE

31118

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH — E

CITY OF BALTIMORE: (No. 2218 Fairmount Ave. St. 6-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary A. Rohe

If U.S. Veteran specify WAR .....

(a) Residence: No. 2218 E. Fairmount Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May-27-1846

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90 Yrs.	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Danlang

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Schaefer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mary A. Elmendorf 1216 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Jan 14. 1937

19. UNDERTAKER (Address) Geary Hoffman, Inc 701 E. Eager

D JAN 13 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January-11-1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1936 to Jan 11, 1937

I last saw her alive on Dec 3, 1936 Death is said to have occurred on the date stated above, at 5. A. M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Chronic myocarditis	Unknown
Chronic nephritis	

Other contributory causes of importance

Was an operation performed? No. Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Wm. B. Lybrook M. D.

(Address) 2802 Harford Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1269-9

31119 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 F 31119

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Hospital St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Howard A. Hayes

If U. S. Veteran specify WAR

(a) Residence: No. 1003 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Helena A. Hayes

6. DATE OF BIRTH (month, day, year) Jan. 1 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	—	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Charles Hayes

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Not. Given

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Helena A. Hayes

(Address) 1003 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cemetery Date Jan. 14 1937

19. UNDERTAKER Henry Strauss Sons, Inc.

(Address) 301 E. Eager

20. FILED JAN 13 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenken, M. D. Coroner

(Address) 1918 E. North Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

F 31120

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 31120 H6-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 1-5 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME China Ball

If U.S. Veteran specify WAR World War

(a) Residence: No. Bolton Md 325 Strawberry Alley St., Havre de Grace Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, (Married,) Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Ball.

6. DATE OF BIRTH (month, day, year) 1/13/94

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Tom Johnson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Ball

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Hill Date January 14 1937

19. UNDERTAKER Dean & Sater

(Address) Belair Md

20. FILED JAN 13 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1936 to Jan 11 1937

I last saw him alive on Jan 11 1937 Death is said to have occurred on the date stated above, at 3 05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the stomach.	1930?
Post-operative Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Yes Date of June 8 in

For what disease or injury? Carcinoma of stomach

What test confirmed diagnosis? Pathological exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Stalyn M. D.

Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

31121 31121

CERTIFICATE OF DEATH

56

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital St.) (Ward) 7

Length of residence in city or town where death occurred 54 yrs. 2 mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr Harry Shriver Norton Vet — No.

(a) Residence: No. 1560 Carswell Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Harry S. Norton (Minnie)

6. DATE OF BIRTH (month, day, year) Oct 20, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman Hdwe

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carl Bunn Co

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Mr Llewellyn Norton

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Miss Alice Rigby

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Harry S. Norton

(Address) 1560 Carswell Street

18. BURIAL (Cremation or Removal) Lot Eleanor

Place Post Columbian Date 1-15-37

19. UNDERTAKER George J. Ruth Inc

(Address) 1 E Hamilton Ave Govans

20. ... Registrar.

JAN 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1937 to Jan 12, 1937

I last saw h. LM alive on Jan 12, 1937. Death is said to have occurred on the date stated above, at 11.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Rheumatic Endocarditis heart failure	June 36
Other contributory causes of importance:	
Coronary Infarction	Dec 15
Chronic Passive Congestion	Dec 17

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. B. Smith M. D.

(Address) Union Mem. Hosp.

(OCCUPATION is very important. See instructions on back of certificate.)

20112 ✓ E 31122

31122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Henriette Taylor

If U. S. Veteran specify WAR.....

(a) Residence: No. 4 N. Rose St. St., ...Ward.....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oakleaves Cemetery Date Jany 14 1937

19. UNDERTAKER Harry R. Thurnes Hosa
(Address) 4204 Hedgewood Ave

Jan 14 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 11 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 1 - 7 1937 to 1 - 11 1937

I last saw h.e.r. alive on 1 - 11 1937 Death is said to have occurred on the date stated above, at 10 00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	7 days.
Other contributory causes of importance: Hypertensive Cardio-vascular Renal Disease	Unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 31123

F 31123 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 166 East St. 1-2 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rebie Sayler

(a) Residence: No. 166 East St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Sayler

6. DATE OF BIRTH (month, day, year) 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) No

FATHER

13. NAME Robt Johnson

14. BIRTHPLACE (city or town) (State or country) NC

MOTHER

15. MAIDEN NAME Charity Darden

16. BIRTHPLACE (city or town) (State or country) NC

17. INFORMANT Elizah Johnson
(Address) 166 East St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Jan 12 1937

19. UNDERTAKER Robert E. Williams
(Address) 515 McCulloh St

FILED JAN 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937 to Jan 10, 1937

I last saw h[illegible] alive on Jan 10, 1937. Death is said to have occurred on the date stated above, at 5:30 p m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset Jan 1 1937

Other contributory causes of importance: —

—

Was an operation performed? — Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Geo. S. Allen M. D.

(Address) 501 Lanvale St

OCCUPATION is very important. See instructions on back of certificate.

31124 E 31124

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH Church Home & Inf. 6-5

CITY OF BALTIMORE: (No. Baltimore, Med St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. 1 mos. 3 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Ethel Cox

(a) Residence: No. Gambrill, Med St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the Late

6. DATE OF BIRTH (month, day, year) Nov. 1-1891.

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
45	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME Rufe Basham

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Mary Jess

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Records of Church Home & Inf.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Chesterfield, Va. Date Jan. 14 1937

19. UNDERTAKER Joseph H. Cook
(Address) 1003 W. Baltimore St.

19 .. Registrar.

AN 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 9, 1936 to Jan. 12, 1937

I last saw her alive on Jan 12, 1937. Death is said to have occurred on the date stated above, at 6:22 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis with fibrillation.	

Other contributory causes of importance:

Multiple emboli in brain, gangrene of upper & lower extremities.

Was an operation performed? No. Date of

For what disease or injury?

What test confirmed diagnosis? C.C. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John A. Myers M. D.

(Address) Church Home & Inf.

STATE CAUSE OF DEATH in plain terms. No abbreviations. OCCUPATION is very important. See instructions on back of certificate.

F 31125

31125 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27-10 82a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 535 Rossiter Ave. St. ..... Ward)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Emma V. Hall

(a) Residence: No. 535 Rossiter Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Monticello Hall

6. DATE OF BIRTH (month, day, year) August 14, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Whitehouse

14. BIRTHPLACE (city or town) (State or country) Devonshire England

MOTHER

15. MAIDEN NAME Ann Emily Schaeffer

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. Silas B. Hall
(Address) 535 Rossiter Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Jan. 14 1937

19. UNDERTAKER Loudon
(Address) 1003 W. Baltimore St.

20. FILED JAN 13 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 12 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-7-36 to 1-12-37

I last saw her alive on 1-11-37 Death is said to have occurred on the date stated above, at 4.30A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Cerebral thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Dan'l Gaddess M. D.

(Address) 321 E. 25th St.

Gaddess

OCCUPATION is very important. See instructions on back of certificate.

33726 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 31126

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 1-5 St. ... Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Herman Becker Becker If U.S. Veteran specify WAR ...

(a) Residence: No. 143 N. Broadway Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) 10/5/70

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Artist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Julius Becker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Minna Lauter

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Nieces -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date Jan. 14 1937

19. UNDERTAKER John O. Mitchell & Sons
(Address) 400 Eutaw St.

20. FILED JAN 13 1937 19 ... Registrar ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1937 to Jan 12 1937

Last saw ... alive on Jan 12 1937 Death is said to have occurred on the date stated above, at 5-05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the rectum	1934
Invasion of bladder, cystitis	1936
Pyelonephritis	1936
Uremia	1937
Other contributory causes of importance:	
Broncho-pneumonia	1937
Fecal impaction	1936

Was an operation performed? no Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Biopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ... 19 ...

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify ...

(Signed) Charles A. Janeway, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

31127

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 31127

CERTIFICATE OF DEATH

17675

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 19-1 Ward) 13

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Luke Carter

If U. S. Veteran specify WAR

(a) Residence: No. 520½ N. Mount St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nannie Carter

6. DATE OF BIRTH (month, day, year) 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Richard

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Betty Gardner

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Jan 17th 1937

19. UNDERTAKER Joseph G. Lively

(Address) 1094 N. Mount Street

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-12, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-22, 1936 to 1-12, 1937

I last saw h. I M alive on 1-12, 1937 Death is said to have occurred on the date stated above, at 7.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Uremia	3 mths
Other contributory causes of importance:	
Hypertensive Cardio Vascular Renal Disease	Unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospital

OCCUPATION is very important. See instructions on back of certificate.

Va 3 [illegible]

✓ F 31128

31128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucy Hubbard

(a) Residence: No. 2625 Robb St. Ward. 7

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ferdenan Hubbard.

6. DATE OF BIRTH (month, day, year) May 10-1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Edwin E. Boyd.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Lillie Foard.

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Ferdenan Hubbard.

(Address) 2625 Robb St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date Jan 15 1937

19. UNDERTAKER Lilly & Heiler Inc.

(Address) 403 S. Wolfe St

[redacted]

Registrar.

JAN 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1937 to Jan 12 1937

I last saw h[illegible] alive on Jan 12 1937 Death is said to have occurred on the date stated above, at 4 35/P m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus — Date of onset ?

Other contributory causes of importance:

Broncho-pneumonia — 2 days

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical & Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frank R Stephenson M. D.

(Address) St Joseph's Hospital

OCCUPATION is very important. See instructions on back of certificate.

✓ F 31129

31129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 831 S Bond St., 2-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Maryanna Helinski

(a) Residence: No. 831 S Bond st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Feb. 27-1933

7. AGE: Years 3 | Months 11/10 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John A Helinski

14. BIRTHPLACE (city or town) (State or country): Balto, Md.

MOTHER

15. MAIDEN NAME: Mary Wierkowski

16. BIRTHPLACE (city or town) (State or country): Poland.

17. INFORMANT (Address): Mary Helinski 831 S Bond st

18. BURIAL, CREMATION, OR REMOVAL: Place Holy Rosary Date Jan 15th 1937

19. UNDERTAKER (Address): George A Weber 706 S Linn st

JAN 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 13th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 19 37 to Jan 13 19 37

I last saw her alive on Jan 13 19 37. Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 1/10/37

Other contributory causes of importance:

Influenza — 1-7-37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Ellen J Rooney M. D.

(Address) 807 S Stanford

OCCUPATION is very important. See instructions on back of certificate.

20053

F 31130

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31130

95B

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 87 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henrietta Bolden

(a) Residence: No. 1318 N. Bond St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles F. (Dead)

6. DATE OF BIRTH (month, day, year) 2-21-1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Louis Cavano (Dead)

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie Broom

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Western Cem. Date Jan. 14 1937

19. UNDERTAKER Horace F. Burgee

(Address) 3631 Falls Road

20. FILED 19 [illegible]

JAN 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 11 , 1937

22. I HEREBY CERTIFY, That I attended deceased from 1 - 5 , 1937 to 1 - 11 , 1937

I last saw h[illegible] alive on 1 - 11 , 1937 Death is said to have occurred on the date stated above, at 11:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	3 mths
Other contributory causes of importance: Senility	Unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 31131

31131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

958 15348

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. 26 St., 1 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Stricker

(a) Residence: No. 4407 Glenarm Ave. St., ...Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Stricker

6. DATE OF BIRTH (month, day, year) 12-21-1889

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charles Bishop

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Miller

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date Jan 15, 1937

19. UNDERTAKER Milton Schilling

(Address) 1122 E. Monument St

20. FILED ....19.... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1936 to Jan 12, 1937. I last saw her alive on Jan 12, 1937. Death is said to have occurred on the date stated above, at 1.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	July 1936
Bronchopneumonia	5 days ante

Other contributory causes of importance:

Hypertonic cardiovascular disease Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical & pathological Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .....Date of injury....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Lautelle, M. D.

(Address) Baltimore City Hospitals

31131

M. D. F 1268-9

✓ F 31132

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31132

CERTIFICATE OF DEATH

Registered No. 157-B

1. PLACE OF DEATH West Balto. General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Dukeland & Raymond Aves. or Ward) 2nd

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Wellman

(a) Residence: No. 1612 Linden Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/9/37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jesse T. Wellman 2nd

14. BIRTHPLACE (city or town) (State or country) Moundsville, West Va.

MOTHER

15. MAIDEN NAME Bethuye A. Feeman

16. BIRTHPLACE (city or town) (State or country) Towson Md.

17. INFORMANT (Address) M Ward F.H. West Balto. Gen. Hospital

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery Date Jan. 13 1937

19. UNDERTAKER (Address) Commissioner of Health Per H. A. Hoge

20. FILED JAN 13 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/12/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/9/37, 19, to 1/12/37, 19

I last saw h[illegible] alive on 1/12/37, 19. Death is said to have occurred on the date stated above, at 4:A.m.

The principal cause of death and related causes of importance were as follows:

Spina Bifida Meningitis

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Both Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. J. Alessi, M. D.

(Address) West Balto. General

OCCUPATION is very important. See instructions on back of certificate.

JAN 13 1937

8160 ✓ F 31133

F 31133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

65

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 17-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Blue

If U. S. Veteran specify WAR .....

(a) Residence: No. 938 N. Pine St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married (separated)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lola

6. DATE OF BIRTH (month, day, year) 1-19-1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0057

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga.

FATHER

13. NAME George Blue

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Rosa

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Johns Hopkins Med Sch Jan 3 1937

19. UNDERTAKER Commissioner of Health

(Address) Per W. A. Moore

20. FILED JAN 7 1937 19 ..... Registrar

2899

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 — 6 , 1937

I HEREBY CERTIFY, That I attended deceased from 7 — 15 — , 1935 to 1 — 6 , 1937

I last saw him alive on 1 — 6 , 1937 Death is said to have occurred on the date stated above, at 11:25 A m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Bronchopneumonia (Primary)	Several days
Other contributory causes of importance:	
Acromegaly	10 yrs

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 31134

20131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 9-4 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Eley

(a) Residence: No. 2731 Greenmount ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	newborn

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/7/37

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
1 day			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto., Md.
(State or country)

FATHER

13. NAME Richmond Scott

14. BIRTHPLACE (city or town) "d.
(State or country)

MOTHER

15. MAIDEN NAME Mary Ann McCauley

16. BIRTHPLACE (city or town) Balto
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Johns Hopkins Med. Sch. Date Jan. 13 1937

19. UNDERTAKER
(Address)

Commissioner of Health
Per H. A. Moore

20. FILED JAN 13 1937 19..... Registrar

2858

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-8, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-7-, 1937, to 1-8-, 1937

I last saw him alive on 1-8, 1937 Death is said to have occurred on the date stated above, at 10 30 p. m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Bruce Jordan, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

AN 13 1937

31135 F 31135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

20-646c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 S. Caton Ave St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie T. Masseron

If U.S. Veteran specify WAR .....

(a) Residence: No. 505 S. Caton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fm	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene J. Masseron

6. DATE OF BIRTH (month, day, year) Apr. 15-1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Austin White

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Boyle

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Eugene White

(Address) 505 S. Caton ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 1-14-1937

19. UNDERTAKER Leonard J. Keyser

(Address) 1305 Hanford Rd

20. FILED JAN 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-11, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1936, to Jan 11, 1937

I last saw h... alive on June 11, 1937 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix	Aug 1933

Other contributory causes of importance:

Cardiac decompensation

Was an operation performed? yes Date of Jan 1936

For what disease or injury? Carcinoma

What test confirmed diagnosis? Cl Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. T. Kyper, M. D.

(Address) 3321 Forest Park Ave.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

31136 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 31136

CERTIFICATE OF DEATH. 108

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Franklin Square Hospital ST. ..... WARD) 21-1

2. FULL NAME Luther A. Meekins

(a) RESIDENCE NO. 621 N. Hamburg St (Usual place of abode) Franklin Sq. Hospital ST. ..... WARD .....
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel M. Meekins

6 DATE OF BIRTH (month, day, and year) May 24th 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	29	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Brooklyn New York

PARENTS

10 NAME OF FATHER Joseph H. Meekins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Minnie C. Shea

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant Ethel M. Meekins
(Address) 621 N. Hamburg St

15 Filed JAN 13 1937

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/11/37

17 I HEREBY CERTIFY, That I attended deceased from 12-18, 1936, to 1/11/, 1937
that I last saw h[im] alive on 1/11/, 1937
and that death occurred, on the date stated above, at 2 15 P. m.

The CAUSE OF DEATH* was as follows:
Acute Dilatation of Heart
with auricular fibrillation.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Beginning pneumonia (Lobar)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What tests confirmed diagnosis?

(Signed) Abraham A. Levine M. D.
, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL Jan 14th 1937

20 UNDERTAKER E. Schloman & Son ADDRESS 1089 Hanover

CAUSE OF DEATH in plain terms, so that it may be properly
TION is very important. See instructions on back of certificates.

F 31137

31137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 30

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 822 E Baltimore St. 6-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Vincent C. Wittmer
If U. S. Veteran specify WAR

(a) Residence: No. 1822 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Beatrice Corcoran Wittmer

6. DATE OF BIRTH (month, day, year) Sept. 2, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. L. H. Rettberg
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME Philip Wittmer
14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Georgie Loofy
16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. V. C. Wittmer 1822 E Baltimore St.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 1/15, 1937

19. UNDERTAKER Morgan & Flynn
(Address) 2107 Hilton St

JAN 13 1937

OCCUPATION is very important. See instructions on face of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1937

I HEREBY CERTIFY, That I attended deceased from Jan 2, 1937 to Jan 12, 1937

I last saw h... alive on Jan 12, 1937 Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Tuberculosis of Kidneys	
Other contributory causes of importance: Tuberculosis Ulcerating	

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Urinary exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John A. Schenuit M. D.
(Address) 1337 S. Charles St.

V F 31138

323291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31138

18

1. PLACE OF DEATH — JOHNS HOPKINS HOSPITAL

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 15-3 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rachael Berger

If U.S Veteran specify WAR .....

(a) Residence: No. 2045 W. North ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carl

6. DATE OF BIRTH (month, day, year) 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Levindale Cem Date 1/13/37 19

19. UNDERTAKER Jos. Levindale
(Address) 1739 E. Baltimore St

20. FILED 1/13/37 Huntington Pettigrew Registrar.

15 1331 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 7- 1937 to Jan 12 1937
I last saw her alive on Jan 12 1937. Death is said to have occurred on the date stated above, at 2.00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	1-5-37
Other contributory causes of importance:	
Meningococcemia (secondary)	1-2-37
Meningococcus Meningitis	1-2-37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no - If so, specify .....

(Signed) Frederick C. Wilhelm - M. D.

(Address) Johns Hopkins Hospital -

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

✓ F 31139

HEALTH DEPARTMENT—CITY OF BALTIMORE

31139

CERTIFICATE OF DEATH

93C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 642 W. Mulberry St., 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mamie Edwards

(a) Residence: No. 642 W. Mulberry St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-70

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Silas Jenkins

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Tarbell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Lena Williams
(Address) 642 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date Jan 14, 1937

19. UNDERTAKER Archibald A. Geddis
(Address) 2401 W. Baltimore St.

Filed JAN 13 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 10 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 1919, 1936. to Jan 9, 1937.

I last saw h[illegible] alive on Jan 9, 1937. Death is said to have occurred on the date stated above, at 3:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. myocarditis	
Acute cardiac dilatation	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. L. Hornstein, M. D.

(Address) 733 Asquith St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 31140

HEALTH DEPARTMENT—CITY OF BALTIMORE

31140

CERTIFICATE OF DEATH

4 7 3

1. PLACE OF DEATH 601 N. Bouldin St. 2-1 Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 43 yrs. ..... mos. ..... ds.

2. FULL NAME Marie Matousek Cesky

(a) Residence: No. 3234 Elmora Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Oscar Cesky

6. DATE OF BIRTH (month, day, year) Nov. 20, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) 0 0 37
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Zbirov Czecho-Slovakia

FATHER

13. NAME Frank Matousek
14. BIRTHPLACE (city or town) (State or country) Zbirov Czecho Slovakia

MOTHER

15. MAIDEN NAME Barbara Mueller
16. BIRTHPLACE (city or town) (State or country) Radnice Czecho-Slovakia

17. INFORMANT Emil Cesky
(Address) 601 N. Bouldin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan 14 1937

19. UNDERTAKER Frank E. Ach & Son
(Address) 1906 Eastland Ave

131987 Huntington Avenue Funeral Home
H

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 4 1936 to Jan. 11 1937
I last saw her alive on Jan. 11 1937. Death is said to have occurred on the date stated above, at 7:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolus	Dec 37
Other contributory causes of importance: Carcinoma of rt. lung and pleura.	Jan 1935

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? X-ray + physical findings Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) L. C. Gotthelf M. D.

(Address) 447 N. Kenwood Ave.

M. D. B 1268-9

31141

✓ F 31141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

820

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1628 Hanover St. St., 23-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 3 mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Minnie M. Otto. If U. S. Veteran specify WAR .....

(a) Residence: No. 1628 Hanover St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If ~~married, widowed, or divorced~~ (or) WIFE of Joseph Otto.

6. DATE OF BIRTH (month, day, year) September 23, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Robert B. Caswell.

14. BIRTHPLACE (city or town) (State or country) Massachusets.

MOTHER

15. MAIDEN NAME Georgeanna Getz.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Wilbur Otto (son)
(Address) 1628 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Louden Pk Date Jan 14 1937

19. UNDERTAKER Geo. H. Ward & Sons
(Address) 1202 Pennsylvania Ave

20. [illegible] Huntington Ave Registered

JAN 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 11, 1937 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Hemiplegia.	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy?

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Otto M. Reinhardt M. D.
Coroner

1/12/37 (Address) 1017 S. Charles St.

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

M. D. B 1268-9

✓ F 31142

31142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

820

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 23-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William S. Poole

If U. S. Veteran specify WAR .....

(a) Residence: No. 53 E. Randall St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha A. Poole

6. DATE OF BIRTH (month, day, year) Sept. 26, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	55	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Corker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. Dry Dock

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Richard T. Poole

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lara Gustram

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Wm. Poole

(Address) 53 E. Randall St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Gen Date Jan 14 1937

19. UNDERTAKER A. Howard Evans

(Address) 1420-22 Aisquith

20. FILED Jan 13 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came
(Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 3737 Wilkens Ave

JAN 13 1937

17

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

F 31143

F 31143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2117 Dennison St., 12 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca Jane Frederick

If U.S. Veteran specify WAR No Record

(a) Residence: No. 2 E. 33rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ Female

4. Color or Race White

5. ~~Single, Married, Widowed, or Divorced~~ (write the word) Widowed

5a. If ~~married, widowed, or divorced~~ (or) WIFE of James H. Frederick

6. DATE OF BIRTH (month, day, year) May 3rd 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto Co (State or country) Md

FATHER

13. NAME Peter S. Hunter

14. BIRTHPLACE (city or town) Balto Co (State or country) Md

MOTHER

15. MAIDEN NAME Mary Jane Elliott

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Elmer M. Miller (Address) 2 E 33rd St

18. BURIAL, CREMATION, OR REMOVAL Place Weisburg Md Date Jan 14th 1937

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED JAN 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12th 1937

22. I HEREBY CERTIFY, That I attended deceased from January 1936 to January 12 1937

I last saw h[illegible] alive on January 11 1937 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 1936
Other contributory causes of importance: Second cerebral hemorrhage	Jan 7 1937

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Bozz Mettle M. D.

(Address) 2430 Ivy Lane Ave

OCCUPATION is very important. See instructions on back of certificate.

31144 # 19497 31144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St. 19-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME B. Girl Doyle
If U. S. Veteran specify WAR

(a) Residence: No. 1318 W. Lombard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-14-36

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1 month		28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER
13. NAME Normen Snellings
14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER
15. MAIDEN NAME Kathryn Doyle
16. BIRTHPLACE (city or town) D. C.
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Jan 14th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 19

JAN 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/12/37 19

22. I HEREBY CERTIFY, That I attended deceased from 12-14 36 19 to 1/12/37 19

I last saw h.. alive on 1/12/37 19 Death is said to have occurred on the date stated above, at 6 05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	Birth
Bronchopneumonia	1/9/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) A Alexander M. D.
(Address) Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

✓ F 31145

31145 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1937

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 McCulloh St., 11-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Joseph Edward Tyson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1008 McCulloh St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 31. 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Edward Tyson

14. BIRTHPLACE (city or town) (State or country) Charles Co Md

MOTHER

15. MAIDEN NAME Lucile Frances Tyson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Father Mother (Address) 1008 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Zion Date 1-14 1937

19. UNDERTAKER Adolphus Halstead (Address) 908 Druid Hill Ave.

JAN 14 1937 19 ... (Signature of Local Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry found that said deceased came to death on the day stated above. 8 45 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Wrists showing x ray	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. Hann M. D. Coroner

(Address) 1215 Hanover st

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268

F 31146 ✓ F 31146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) John Hopkins Hosp St., 1-2 Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William T. Townshend

If U. S. Veteran specify WAR .....

(a) Residence: No. 524 N Lakewood Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 27 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Grafton E Townshend

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Katharine Vogel

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Grafton E Townshend

(Address) 524 N Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 14, 1937

19. UNDERTAKER John Welsh

(Address) 2008 Orleans

20. FILED Jan 14 1937 Huntington Ave

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan. 12, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcic Septicemia	
Influenza	

Other contributory causes of importance: Meningococcic Meningitis

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... , 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schnitker, M. D.

Coroner

(Address) 1918 E. North Ave

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

N 14 1937

F 31147 ✓ F 31147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Charles H. Howard

(a) Residence: No. 337 Fawn St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 1862

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	74	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Special - Police

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Hall

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Many

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

FATHER

13. NAME John Howard

14. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

MOTHER

15. MAIDEN NAME Adelaide Kaiser

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Willie C. Docking

(Address) 337 S. Fawn St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 1-14-37 19

19. UNDERTAKER J. B. Dipert & Son

(Address) 1300 Eutaw Place

JAN 14 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-11-37. 19

22. I HEREBY CERTIFY, That I attended deceased from 12-24 19 36 to 1-11 19 37

I last saw him alive on 1-11-37 19 ..... Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

Cardio Vascular Renal Disease — Date of onset .....
Prostatic Hypertrophy — Date of onset .....

over

Other contributory causes of importance:

Pneumonia — Date of onset 1-10-37

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Leonard C. Lund M. D.

(Address) Maryland General Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 31148 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31148

CERTIFICATE OF DEATH

123

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton Aves. St., 25-1X Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles H. Schlosser

If U.S. Veteran specify WAR .....

(a) Residence: No. Frederick + Overbrook Rd. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sophia B. Schlosser

6. DATE OF BIRTH (month, day, year) Aug 7-1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80 - 80	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Lumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry H. Schlosser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Stiel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Louise Lindsay

(Address) Frederick & Overbrook Rds

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan. 16-37

19. UNDERTAKER J. B. Shippet + Son

(Address) 1300 Eutaw Place

FILED JAN 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-13-1937

22. I HEREBY CERTIFY, That I attended deceased from 1-2-1937 to 1-13-1937

I last saw him alive on Jan. 13 1937. Death is said to have occurred on the date stated above, at 8.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of death
Perirectal Abscess	1/2/37
Cellulitis Perineum and abdominal wall	1/7/37
Other contributory causes of importance: Hypostatic Pneumonia	1/12/37

Was an operation performed? Yes Date of 1/2/37; 1/8/37

For what disease or injury? Perirectal Abscess, Cellulites of perineum & abdominal wall

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Daniel D. Steckman M.D.

(Address) St Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 31149

F 31149 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH The Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Tecchioni

(a) Residence: No. 1630 N. Bradford St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1-8-37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Rudolph Tecchioni

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Margaret Monaco

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem Date Jan 14 1937

19. UNDERTAKER Frank Della Vale

(Address) 52 N. Monroe St.

20. [illegible] 19 [illegible] Registrar.

JAN 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-9 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw him alive on 1-9 1937 Death is said to have occurred on the date stated above, at 8.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia, neonatal, due to atelectasis of lungs.	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Joseph T. Sadusk Jr., M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 31150 HEALTH DEPARTMENT—CITY OF BALTIMORE 31150

CERTIFICATE OF DEATH

56

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital Ward) 14-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jean L Cullen

(a) Residence: No. 1704 John St. St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/16/24

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
12	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Louis P. Cullen

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Agnes L. Hackley

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Louis P. Cullen
(Address) 1704 John St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Vincent's Date 1/16/37 19

19. UNDERTAKER J. Walter Davis.
(Address) 418 Chestnut Ave.

20. FILED JAN 14 1937 Registrar. Deputy

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-13-37

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 19 36 to Jan 13 19 37

I last saw he alive on Jan 13 19 37 Death is said to have occurred on the date stated above, at 10 30 A m.

The principal cause of death and related causes of importance were as follows:

Pulmonary edema — Date of onset 1-12-37
Pericarditis & effusion — about 12-25-36

Other contributory causes of importance:

Rheumatic endocarditis

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify

(Signed) Dr. W. Kenneth Mansfield M.D.

(Address) Woman's Hospital.

32316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 23 F 31151

Registered No.

1a. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 7—S Ward)

Length of residence in city or town where death occurred yrs. mos 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruth Walter Rogers

If U.S. Veteran specify WAR

(a) Residence: No. Chestertown Md St., Ward. Chestertown, Md.

(Usual place of abode) (If non-resident give city or town and State)

OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	single ✓

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/26/92

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	4	18 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0068

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Alfred L. Rogers

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Caroline Walters

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Record

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Jan 15 37

19. UNDERTAKER Wm. J. Trieschmann & Sons North & Pa. Ave.

JAN 14 1937

20. FILED 11:30 A.M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 29 1936 to Jan 13 1937

I last saw her alive on Jan 13 1937 Death is said to have occurred on the date stated above, at 2 05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis (Far advanced)	?
Other contributory causes of importance: Tuberculous Enteritis	Oct 1936 ?

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Sputum & X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Rankin C. Blount, M. D.

(Address) Johns Hopkins Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31152

B 31152

CERTIFICATE OF DEATH

46 F

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 East 41st. Street St., 9-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Richard James Colonna

☐ U.S Veteran specify WAR .....

(a) Residence: No. 501 East 41st. Street St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Hallie Jane Colonna

6. DATE OF BIRTH (month, day, year) January, 22, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Colonna-Howard

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Big Bethel Va.

FATHER

13. NAME John Wm. Colonna

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Sarah Fraser

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mr. William H. Parks

(Address) 501 E. 41st. Street.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jan. 14, 37

19. UNDERTAKER Wm. J. Dietrich & Son

(Address) North Ave

JAN 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 11 , 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec , 1936 to Jan 11 , 1937

I last saw him alive on Jan 11 , 1937 Death is said to have occurred on the date stated above, at 10.54 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	Jan 4/37
Carcinoma of Pancreas	Jan 1/36
Pulmonary Oedema	Jan 9/37

Other contributory causes of importance:

Was an operation performed? Yes Date of Nov 36

For what disease or injury? Gall Bladder and Pancreas

What test confirmed diagnosis? Operat Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — , 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. T. Reis , M. D.

(Address) 24 Mary

OCCUPATION is very important. See instructions on back of certificate.

31153 ✓ F 31153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 13 S. Poppleton St., 18-3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 5 mos. 27 ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Sister M. Leonard Gahan — If U. S. Veteran specify WAR .....

(a) Residence: No. 13 S. Poppleton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of --------

6. DATE OF BIRTH (month, day, year) July 15, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1065

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Patrick Gahan

14. BIRTHPLACE (city or town) (State or country) -------- Ireland

MOTHER

15. MAIDEN NAME Mary Powell

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Sister Mary Callista
(Address) 13 S. Poppleton Street

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. St. Agnes Cem. Date 1/15 1937

19. UNDERTAKER Henry U. Mears & Son
(Address) 802 N. Calvert St.

20. FILED JAN 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1937 to Jan 12 1937
I last saw her alive on Jan 12 1937 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Angina Pectoris.	1 year

Other contributory causes of importance:
none

Was an operation performed? no Date of —
For what disease or injury? none
Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) Thos. Corkery, M. D.
(Address) 888 N. Loudon St.

OCCUPATION is very important. See instructions on back of certificate.

✓ F 31154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 14-1 Ward)

Length of residence in city or town where death occurred Lifetime yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martin Lauer — If U.S. Veteran specify WAR .....

(a) Residence: No. Maaltomyo cyclor, Ward. 1

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/26/58

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry Lauer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophie Rackendorf

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records — JOHNS HOPKINS HOSPITAL

(Address)

18. ~~BURIAL~~ CREMATION, ~~OR REMOVAL~~

Place Fort Lincoln Cem. Date Jany. 14 1937

19. UNDERTAKER David Sondheim & Son

(Address) 1902 Eutaw Place

14 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1936 to Jan 12, 1937

I last saw him alive on Jan 12, 1937. Death is said to have occurred on the date stated above, at 12 25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure following operation	

Other contributory causes of importance:

Urinary obstruction due to prostatic hypertrophy

Was an operation performed? yes Date of 1-11-37

For what disease or injury? Prostatic hypertrophy

(benign)

What test confirmed diagnosis Cystoscopy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Henry J. Bennett Jr. M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 31155

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31155

CERTIFICATE OF DEATH

7 1a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1908 N Payson St., 15-44 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gertrude Schoen

If U.S. Veteran specify WAR .....

(a) Residence: No. 1908 N Payson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Herman.

6. DATE OF BIRTH (month, day, year): 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: Emanuel Wichmer

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Faya Sterngast

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Sigmund Schoen

(Address): 1908 N Payson St

18. BURIAL, CREMATION, OR REMOVAL

Place: Hebrew Rosedale Date: Jan 14, 1937

19. UNDERTAKER: Sol Levinson Bro

(Address): 1127 E Balto St

20. FILED: JAN 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Octob 1st, 1935 to Jan 14th, 1937

I last saw h[er] alive on Jan 13, 1937. Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	Oct 35
Other contributory causes of importance: Insanition, Gastric Atony	6 mos

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Jos. E. Buchman M.D.

(Address) 3306 Garrison Blvd

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31156

F 31156

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., ... Ward) 7 5

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel B. Wender

(a) Residence: No. 2 Louisville Kentucky St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jeanett Wender

6. DATE OF BIRTH (month, day, year) 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Simon Wender

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Louis Fedder
(Address) Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL Date Jan 15 1937
Place Hebrew Herring Run

19. UNDERTAKER Sol Levinson & Bros
(Address) 1177 E Balto St

20. FILED JAN 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/13/37. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1912 E. North Ave.

See instructions on back of certificate. OCCUPATION is very important.

F 31157

31157 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 131

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 13 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. 4 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Vernon Digney Thompson

(a) Residence: No. 702 Puritan St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 24, 1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
32	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Lumber Business

10. Date deceased last worked at this occupation (month and year) Mar 19 | 11. Total time (years) spent in this occupation 3.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Mr Albert Thompson

14. BIRTHPLACE (city or town) (State or country) Baltimore County Md

MOTHER

15. MAIDEN NAME Miss Hannah Digney

16. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

17. INFORMANT Mrs Albert Thompson (Address) 702 Puritan St

18. BURIAL, CREMATION, OR REMOVAL St Mary's Hampden Date Jan 16, 1937

19. UNDERTAKER Chenowith Bros. (Address) 3615 Chestnut Ave

20. FILED JAN 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1937.

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1937. to Jan 13, 1937.

I last saw him alive on Jan 13, 1937. Death is said to have occurred on the date stated above, at 7:00 A.M.

The principal cause of death and related causes of importance were as follows:

Rheumatic Endocarditis and Pericarditis — Date of onset 1920

Other contributory causes of importance: Chronic Nephritis

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Julia L. Rawls M. D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 31158 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31158

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Earl Wagner (19796)

If U. S. Veteran specify WAR

(a) Residence: No. 503 Wilson Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl

6. DATE OF BIRTH (month, day, year) May 5, 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Car.

FATHER

13. NAME Harry

14. BIRTHPLACE (city or town) (State or country) N. Car.

MOTHER

15. MAIDEN NAME Emma ??

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1/15 1937

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pressman St

20. FILED JAN 14 1937 Huntington Parkway

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 28, 1936 to January 13, 1937

I last saw him alive on January 13, 1937 Death is said to have occurred on the date stated above, at 5:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Nov 1936
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Sam H Feldman M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 31159 ✓ F 31159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2225 Penna. ave. St., 14-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....da.

2. FULL NAME Daniel J. Rogers

If U. S. Veteran specify WAR .....

(a) Residence: No. 2225 Penna. ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	Negro.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 8, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) Ba[illegible] Md. Baltimore, Md.

12. BIRTHPLACE (city or town) (State or country) George Rogers

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Helen Harris

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT (Address) Helen Harris 2225 Penna. Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 1/14 19 37

19. UNDERTAKER (Address) Thomas E. Kelson 1303 Pennsylvania Ave.

20. FILED [illegible] Registrar.

JAN 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12th. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10th. 1937 to Jan. 12th 1937
I last saw h[illegible] alive on Jan. 11th. 1937 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

Date of onset
Jan.
10t
193
7

Lobar Pneumonia

Other contributory causes of importance:

Was an operation performed? by Date of .....

For what disease or injury? .....

Name of operation Pneumectomy Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, how? .....

(Signed) Walter J. Jackson M. D.

(Address) 1631 W. Franklin st

OCCUPATION is very important. See instructions on back of certificate.

F 31160

31160 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5211 Linden Hgts Ave Ward) 27-18

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 60 yrs. ..... mos. ..... ds.

2. FULL NAME Frederick Horn

If U.S Veteran specify WAR .....

(a) Residence: No. 5211 Linden Hgts Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race W.

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Annegunda Horn

6. DATE OF BIRTH (month, day, year) Mar 22 1856

7. AGE Years 81 Months 9 Days 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0014

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mr. Fred Horn (Address) 1704 E. Lafayette.

18. BURIAL, CREMATION, OR REMOVAL Emmanuel Date 1/15/37

Place

19. UNDERTAKER J. Heuman & Son (Address) 32 S. Broadway.

20. FILED 1/14/1937 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/12/37

22. I HEREBY CERTIFY, That I attended deceased from Sept 17 1936 to 1/12/37

I last saw him alive on 1/11/37 Death is said to have occurred on the date stated above, at 11:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
coronary Embolism arteriosclerosis - hypertension / senile senility	1/4/37 5yrs
Other contributory causes of importance: senility senna - Bronchitis chronic nephritis	5yrs.

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Phy. exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis F. Krenmyer M. D.

(Address) 722 No. Hemmond ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

✓ F 31161

31161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94 B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Battery Ave. St., 24-3 Ward.)

Length of residence in city or town where death occurred 57 yr. 6 mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Caroline E. Eaton.

(a) Residence: No. 1200 Battery Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of James B. Eaton.

6. DATE OF BIRTH (month, day, year) June 30, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Gotlieb Steinbach.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Johanna Jannsen.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Christian Steinbach. (brother.)

(Address) 1617 Rutland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel. Date 1-18-37 19

19. UNDERTAKER Wendell E. Humphreys

(Address) 1501 N. Broadway.

20. FILED JAN 14 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 12, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto M Reinhardt M. D.
Coroner

1/14/37 (Address) 1017 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

✓ F 31162

31162 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital, 7 Ward)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Nola E. Hughes

(a) Residence: No. 1731 E. Eager St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Col.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank Hughes

6. DATE OF BIRTH (month, day, year) 1908

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) St Marys Co Md

FATHER

13. NAME Jeremiah Green

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md

MOTHER

15. MAIDEN NAME Cecelia Brisco

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md

17. INFORMANT Frank Hughes
(Address) 1731 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL
Place St Inigoes Cem St Marys Co. Md Date 1-15 1937

19. UNDERTAKER Byron F Mannix W. Knight
(Address) 1218 N. Caroline St

JAN 14 1937

(Signature and title of local registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of Brain	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide (Date of injury ....., 19....)

Where did injury occur? 1731 E. Eager St - Balto. Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Shot in head with 9

Nature of injury revolver

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave.

State CAUSE OF DEATH in plain terms. See instructions on back of certificate.
OCCUPATION is very important.

M. D. B 1263-9

Grave #3 ✓ F 31163

31163 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210M

1. PLACE OF DEATH — Pronounced dead at the
CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME — Unknown.

(a) Residence: No. Do not know. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Do not know.

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) — Do not know

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 32	-----	-----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Do not know.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 1097

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation — Do not know.

12. BIRTHPLACE (city or town) (State or country) .....

FATHER

13. NAME — Do not know.

14. BIRTHPLACE (city or town) (State or country) — Do not know.

MOTHER

15. MAIDEN NAME — Do not know.

16. BIRTHPLACE (city or town) (State or country) — Do not know.

17. INFORMANT — Police Report. W. D.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Dulbie Cemetery Date Jan 14, 1937

19. UNDERTAKER — Commissioner of Health
(Address) Per H. A. Moore

20. [illegible] Registrar

JAN 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — January 1, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the skull.	
Automobile accident.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquest Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident of injury 1/1/37 19

Where did injury occur? Elkridge Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Washington Blv'd nr. Elkridge Md.

Manner of injury while walking on Blv'd.

Nature of injury Fracture of skull.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto Reinhardt M. D.
Coroner

1/12/37 (Address) 1017 S. Charles St.

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

Grave #2

✓ F 31164

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31164

CERTIFICATE OF DEATH

210 M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital. St. ..... Ward) 28-4

Length of residence in city or town where death occurred 53 yrs. 8 mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Green.

(a) Residence: No. 909 Cooks Lane. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced, HUSBAND of ~~XXXXXXXXXX~~ Barbara Green.

6. DATE OF BIRTH (month, day, year) April 26, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Green.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Barbara Green. (wife)
(Address) 2709 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL
Place Dulaney Cemetery Date Jan. 14 19 37

19. UNDERTAKER Commissioner of Health
(Address) .....

Pac H. A. Moore

1/14 1937 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 30, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable fracture of the skull	12/25/3
Fracture of the clavicle.	
Traumatic pneumonia.	
Automobile accident.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquest there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of 12/25/36 19.....

Where did injury occur? Frederick Rd & Athol Av.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public road.

Manner of injury Struck by auto while

Nature of injury crossing road.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto Fr. Reinhardt M. D.
Coroner

1/11/37 (Address) 1017 S. Charles St.

MAKE CAUSE OF DEATH as plain as possible. OCCUPATION is very important. See instructions on back of certificate.

F 31165

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31165

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph's Hospital St., 21-11 Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carmen Munera

(a) Residence: No. Notre Dame College St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1920

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	17			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Artist 0001

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Notre Dame college

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) San Juan
(State or country) Puerto Rico

FATHER

13. NAME Antonio Munera

14. BIRTHPLACE (city or town) Lucana Diaz
(State or country) Puerto Rico

MOTHER

15. MAIDEN NAME Adelaida Galan

16. BIRTHPLACE (city or town) San Juan
(State or country) Puerto Rico

17. INFORMANT Resps.
(Address) Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place San Juan Puerto Rico Date Jan 16 1937

19. UNDERTAKER Geo M. Frank Son
(Address) 811 N Eutaw St

20. FILED JAN 14 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14 1937

22. I HEREBY CERTIFY, That I attended deceased from December 28 1936 to June 14 1937.
I last saw h er alive on June 14 1937. Death is said to have occurred on the date stated above, at 6 1/2 a m p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/27/36
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — , 19 ....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Frank R Stephenson M. D.

(Address) St Josephs Hospital

F 31166

31166 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 East 21st St., 12-S Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 Years — How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Myrtle Reddish

If U.S. Veteran specify WAR .....

(a) Residence: No. 25 East 21st St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Clarence T. Reddish

6. DATE OF BIRTH (month, day, year) Nov. 3 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME John Ditschler

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Clarence T. Reddish
(Address) 25 East 21st St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Date Jan. 15 1937

19. UNDERTAKER John F. Denny
(Address) 715 Light St

14 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 26 1936 to Jan 13 1937 19..

I last saw her alive on Jan 13 1937. Death is said to have occurred on the date stated above, at 7.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
chr. myocarditis	years
cardiac asthma	"
bronchial asthma	"
arterio sclerosis	"

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. R. Lucken M. D.

(Address) 3421 Edmondson Ave

✓ F 31167

31167 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2225 Sidney Ave. St., 25-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 5 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Rebecca Sheckells

If U.S. Veteran specify WAR .....

(a) Residence: No. 2225 Sidney Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John V.R. Sheckells

6. DATE OF BIRTH (month, day, year) July 25 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	5	18 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Silas Coleman

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Beachum

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT John V.R. Sheckells

(Address) 2225 Sidney Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date Jan 16 1937

19. UNDERTAKER John A. Degnan

(Address) 715 English St

[illegible] 14 1937 [illegible]

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1936 to Jan 12 1937

I last saw her alive on Jan 12 1937. Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Ch.	2
Arterial Hypotension	?
Other contributory causes of importance: Acute Cardiac Decompensation. ✓	10 Days

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical sign Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H Lawrence Wheeler M. D.

(Address) 2910 Hollins Ferry Rd

M. D. B. 1268-9

F 31168 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94a F 31168

1. PLACE OF DEATH Convent of the Good Shepherd

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mount & Hollins Sts. 19th Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Sr. Magdalen of St. Teresa (Laura Weindollar)

(a) Residence: No. Convent G.S. Mount & Hollins Sts. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 10, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
✓	73	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sewing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 065

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Taneytown, Md.

FATHER

13. NAME William Weindollar

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Isabel Weaver

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sisters of the Good Shepherd

(Address) Mount & Hollins Sts.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 1/15/37 19..

19. UNDERTAKER John J. Fahey, Inc.

(Address) 13 E. Eager St.

20. 1937 Huntington Ind. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 10th 1937 to Jan 14th 1937

I last saw her alive on Jan 12 1937. Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris, Date of onset Jan 10th 37

Coronary Thrombosis

Other contributory causes of importance:

Arteriosclerosis

Name of operation ..... Date of ~

What test confirmed diagnosis? X-Ray & Autopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. A. Clealand M. D.

(Address) 1300 N. Calvert St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 31169

1169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 N. Luzerne ave St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. da. How long in U. S. If of foreign birth? 23 yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Ludovico De Angelis

(a) Residence: No. 916 N. Luzerne Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Teresa Deangelis

6. DATE OF BIRTH (month, day, year): April 14-1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	8	829	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER

13. NAME: Giovanni Battista Deangelis

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Maria Antonia Locatelli

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT (Address): Julius De Angelis 916 N. Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Cem. Date: Jan 16, 1937

19. UNDERTAKER: Frank Della Rose

(Address): 52 N. Morley St.

Jan 14 1937

(Signature)

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 12, 1937

22. I HEREBY CERTIFY That I attended deceased from Dec 4, 1936 to Jan 12, 1937

I last saw him alive on Jan 11, 1937 Death is said to have occurred on the date stated above, at 5-45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Exhaustion	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Luigi D Di Stefano M. D.

(Address) 407 N. Eutaw

M. D. B. 1268-9

F 31170

31170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 W. Cross St. St., 21-2 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara D. Fallon

(a) Residence: No. 1010 W. Cross St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced (of) HUSBAND (or) WIFE of William G. Fallon

6. DATE OF BIRTH (month, day, year) Feb. 6, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Hoffman

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Reuben G. Fallen

(Address) 3333 Virginia Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 1-15 19 37

19. UNDERTAKER Ambrose Inc.

(Address) 1017 W. Cross St.

[illegible] Registrar.

JAN 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/12/37 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 29 1936 to Jan 12 1937

I last saw her alive on Jan 10 1937 Death is said to have occurred on the date stated above, at 8.35 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation	June 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry J. Hate M. D.

(Address) 523 Scott St.

INSTRUCTIONS: Fill in all items. Use ink. Print plainly. See instructions on back of certificate. OCCUPATION is very important.

F 31171

31171 HEALTH DEPARTMENT—CITY OF BALTIMORE

82a

CERTIFICATE OF DEATH

1-5

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 S. Wadeira Street St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? 53 yrs. mos. ds.

2. FULL NAME Maryanna Zaworski

If U.S Veteran specify WAR

(a) Residence: No. 403 S. Wadeira Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Steve Zaworski

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Michael Kowalski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Jozefa Lechert

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr. Steve Zaworski
(Address) 403 S. Wadeira Street

18. BURIAL, CREMATION, OR REMOVAL.
Place Holy Rosary Date Jan 16. 1937

19. UNDERTAKER John M Welsh
(Address) 401 S. Chester St

[illegible] Registrar.

14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 - 1937. to Jan 12 - 1937.
I last saw her alive on Jan 12 1937. Death is said to have occurred on the date stated above, at 11:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	1/10/37
Acute Edema of lungs	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No
If so, specify

(Signed) Eugene Zellers M. D.

(Address) 2739 Eastern Ave.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-24—1 F. S.—500 Bks.

31172

F 31172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93C

REGISTERED NO. 15-6

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3603 Clifton Ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John L. Vonderwrische

(a) RESIDENCE NO. 3603 Clifton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Vonderwrische

6 DATE OF BIRTH (month, day, and year) April 10, 187[illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Accountant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B & O. R.R. Cinn. Ohio.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Herman Vonderwrische

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Woerman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant Mrs Clara Vonderwrische

(Address) 3603 Clifton Ave

15 FILED 1-14-1937

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14, 1937

17 I HEREBY CERTIFY, That I attended deceased from 1935, 19, to Jan 14, 19 37,

that I last saw h[illegible] alive on Jan 13, 19 37

and that death occurred, on the date stated above, at 10.35 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) O. Walter Fournier M. D.

, 19 (Address) 3603 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cincinnatti Ohio

DATE OF BURIAL Jan. 16 1937

20 UNDERTAKER Margaret J. Flynn

ADDRESS 1422 Light St

Important. See instructions on back of certificate.

M. D. B 1268-9

F 31173

F 31173 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94B

25-4

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3732 Brooklyn Ave. St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Lawrence Anarino.

(a) Residence: No. 3732 Brooklyn Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If ~~MARRIED~~ widowed, ~~OF DECEASED~~ HUSBAND of ~~OR WIFE~~ Rose Anarino.

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85	----	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit merchant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy.

FATHER

13. NAME Lawrence Anarino.

14. BIRTHPLACE (city or town) (State or country) Italy.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Italy.

17. INFORMANT Mary Schuerholtz. (daughter)

(Address) 132 E. Cross St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem Date Jan 15 1937

19. UNDERTAKER A. Kuppe & Son

(Address) 1211 S. Charles St

FILED JAN 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 12, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis.	
Coronary Thrombosis.	

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto M Reinhardt M. D.
Coroner

1/12/37 (Address) 1017 S. Charles St.

State CAUSE OF DEATH in plain words. See instructions on back of certificate. OCCUPATION is very important.

31174

HEALTH DEPARTMENT—CITY OF BALTIMORE

31174

CERTIFICATE OF DEATH X 108 20244

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 2-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 wks. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Enrique Prieto

If U. S. Veteran specify WAR

(a) Residence: No. Broadway & Thames St. St., Ward. Florida

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-11-1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spain

FATHER

13. NAME Jerome

14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country) Spain

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loyola Cem Date 1/16/37

19. UNDERTAKER J. A. & L. Lewis Inc

(Address) 1439 E. Balto St

20. FILED JAN 15 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-12, 1937 to 1-14, 1937

I last saw h. alive on 1-14, 1937 Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Lobar Pneumonia	12 days
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did Injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

✓ F 31175

31175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1152a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mil. Gen Hosp. St., 20-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Laura M. Perkins

(a) Residence: No. 1822 W. Saratoga St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oscar Perkins

6. DATE OF BIRTH (month, day, year) September 26, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Apt. House Prop.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Phoenixville Pennsylvania

FATHER

13. NAME Thomas D. Elvin

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Mary Wagner

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mr. G. A. Leutbecker

(Address) 5614 Bellville Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Jan. 16, 1937

19. UNDERTAKER Chas. H. Cook

(Address) 1005 N. Baltimore St.

20. PERMIT ISSUED JAN 15 1937 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-13-1937

22. I HEREBY CERTIFY, That I attended deceased from 1-12-37, 19... to 1-13-37, 19... I last saw her alive on 1-13-37, 19... Death is said to have occurred on the date stated above, at 6.50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sleep. Theat	
Other contributing causes of importance: Staphylococcus Septicemia	

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis clinical Was an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. P. Stephens M. D.

(Address) Mil Gen Hosp

F 31176

31176 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 13259

CERTIFICATE OF DEATH

82a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 17-1 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Charles F. Prince

(a) Residence: No. 620 N. Eutaw St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married (sep.)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Selma

6. DATE OF BIRTH (month, day, year) 2/3/1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	11	10 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 0029

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George E. Prince

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary E. Bennett

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Jan 16 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JAN 15 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-14-1937

22. I HEREBY CERTIFY, That I attended deceased from 5-15-1935 to 1-14-1937

I last saw h.i.M alive on 1-14-1937 Death is said to have occurred on the date stated above, at 6.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary	1 da
Other contributory causes of importance: Cerebral Hemorrhage with Hemiplegia	several yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John T. Rainey M. D.

(Address) Baltimore City Hospital

M. B. F. 1268-9

F 31177

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31177

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 N. Port St., 8-2 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Kathryn V. Dunlap

(a) Residence: No. 1705 N. Port St., Ward. No Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Robert C. Dunlap

6. DATE OF BIRTH (month, day, year) Dec 11th 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Dec 1936

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME ? Bailey

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME ? Fisher

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Julia A Shaeffer

(Address) 1705 N. Port St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Jan 16th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JAN 15 1937 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13th 1937

22. I HEREBY CERTIFY, That I attended deceased from December 28 1936 to Jan 13 1937

I last saw her alive on January 13 1937 Death is said to have occurred on the date stated above, at 5.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency	3 yrs ago
General Arteriosclerosis	
Chronic Tuberculosis of Kidneys	
Other contributory causes of importance: Cardiac Dilatation	2 days ago

Name of operation ... Date of ...

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Eisenberg M. D.

(Address) 2025 E North Ave

M. D. B. 1268-9

Lewell M Hall ✓

31178 F 31178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 Battery Ave St., 24-3 Ward)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

No War Record

2. FULL NAME Lewell M Hall

(a) Residence: No. 1118 Battery Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Ella Hall

6. DATE OF BIRTH (month, day, year) Sept 2 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1884

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engraving Co

10. Date deceased last worked at this occupation (month, day, year) 1936 | 11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Benjamin Hall

14. BIRTHPLACE (city or town) (State or country) Rochester Co Md

MOTHER

15. MAIDEN NAME Susanna Hall

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Ruth Echer (Address) 1118 Battery Ave

18. BURIAL, CREMATION, OR REMOVAL Place Fulton Date 1/16 1937

19. UNDERTAKER W M Cook (Address) 1217 E Lombard St

20. FILED [illegible] 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13 1937

22. I HEREBY CERTIFY That I attended deceased from Dec 30 1936 to Jan 13 1937

I last saw him alive on Jan 11 1937 Death is said to have occurred on the date stated above, at 7 A M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Thrombosis	1/13/37
Arterio-Sclerosis	1935
Hypertension	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, explain

(Signed) J F Hartz Bruce M.D.

(Address) 1 E Madison St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 31179

F 31179 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 31

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 666 W. Franklin St. St., 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eugene F. OConor

No Record

(a) Residence: No. 666 W. Franklin St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie OConor

6. DATE OF BIRTH (month, day, year) March, 14 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto 1086

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Wash. D.C.

FATHER

13. NAME Eugene F. OConor

14. BIRTHPLACE (city or town) (State or country) Wash. D.C.

MOTHER

15. MAIDEN NAME Clara Collins

16. BIRTHPLACE (city or town) (State or country) Wash. D.C.

17. INFORMANT Mrs. C. Talbott

(Address) 666 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Jan 16 19 37

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JAN 15 1937 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2[illegible] 1936 to Jan. 13, 1937

I last saw him alive on Jan. 13, 1937. Death is said to have occurred on the date stated above, at 7.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 Yrs.
Chronic Interstitial Nephritis	1 Mo.
Pulomanary Edema	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address)

F 31180

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31180

CERTIFICATE OF DEATH

9

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1530 Lancaster St., 3 - 2 Ward)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR ...

2. FULL NAME Marian Bizon

(a) Residence: No. 1530 Lancaster St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 1934.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Frank Bizon

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Helen Bochniak

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Frank Bizon

(Address) 1530 Lancaster St

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date Jan 15 1937

19. UNDERTAKER Fred W Cazazon

(Address) 1930 Eastern Ave

20. FILED

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan. 12. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10 1937 to Jan 12 1937

I last saw him alive on Jan 12 1937 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchio-Pneumonia — Date of onset 1/9/37

Other contributory causes of importance:

Whooping Cough

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jno J Jenes Co M. D.

(Address) 1090 E. Baltimore

M. D. B. 1268-a

F 31181

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31181

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mt. Herrel Hospital 1943

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward) 7 3

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Walter Leonard Lewinski

(a) Residence: No. 6253 Manokin Ave, St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Lewinski

6. DATE OF BIRTH (month, day, year) 1886,

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	50		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Longshoreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. coal

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Victor Lewinski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Galewskie

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Julia Lewinski
(Address) 6253 Manokin Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Jan 16 1937

19. UNDERTAKER Fred W Ozog ewski
(Address) 1930 Eastern Ave.

Registrar

JAN 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)
to ..... death on the day stated above. 5.40 pm,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cut Throat and Side and Left Lung	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1/12, 1937

Where did injury occur? Maryland General
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Hospital

Manner of injury Large key fell on him

Nature of injury Cut throat & side

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Harry Caraway M. D.
Coroner

(Address) 1315 Hanover

vs 6

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31182

CERTIFICATE OF DEATH

20044 82B

Registered No. F 31182

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward) 23-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Beatrice Taylor

(a) Residence: No. 1224 S. Sharp St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Taylor

6. DATE OF BIRTH (month, day, year) 5-7-1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Geo. Johnso

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha Mills

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Jan 18 1937

19. UNDERTAKER James Hayes
(Address) 142 N Bond St

20. FILED JAN 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-13-1937

22. I HEREBY CERTIFY, That I attended deceased from 1-5-1937 to 1-13-1937

I last saw h.e.r. alive on 1-13-1937 Death is said to have occurred on the date stated above, at 10 05 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis — Date of onset: several mos

Other contributory causes of importance:

Arteriosclerosis — Unk

Was an operation performed? NO Date of

For what disease or injury?

Name of Operation

What was confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

31183 ✓ F 31183

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) John's Hopkins Hosp. St., 8-3 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles M. Scott Jr. If U. S. Veteran specify WAR .....

(a) Residence: No. 2800 E. Chase St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Jan. 25-1928

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
8	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles M. Scott Sr.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Genevieve McClain

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Charles M. Scott Sr. (Address) 2800 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL Place Moreland Mem. Pk. Date Jan. 15 19 37

19. UNDERTAKER E. Weller & Son (Address) 2334 Gelston St.

20. FILED JAN 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-12 19 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest found that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture skull,	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? Road 2533-6 Madison
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck side of auto

Nature of injury Fracture skull

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Herbert Hunter Coroner, M. D.

(Address) 227 N. Calhoun

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Use

31184

E 31184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115a

1. PLACE OF DEATH Presbyterian Eye Ear + Throat Hosp, Registered No.

CITY OF BALTIMORE: (No. 1017 E. Balto St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mon. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Michael Zingarelli If U. S. Veteran specify WAR

(a) Residence: No. 218 S. Bouldin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — — —

6. DATE OF BIRTH (month, day, year) Jan 23. 1915

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1006

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME James Zingarelli

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Maria Andreoni

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT James Zingarelli
(Address) 218 S Bouldin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 16 1937

19. UNDERTAKER Frank E. Pistorio
(Address) 1701 E. Baltimore St.

[redacted]
(Signature)

JAN 15 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-13 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1937 to Jan. 13, 1937

I last saw him alive on Jan 13, 1937 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tonsillectomy + Adenoidectomy	1-8-37
Other contributory causes of importance:	
Post-operative bleeding	1-13-37
Severe shock on the operating table	1-13-37

Was an operation performed? Yes (above) Date of Jan. 8, 1937

For what disease or injury? None - Chronic tonsillitis

Name of operation Tonsillectomy + Adenoidectomy of 1-8-37

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. N. Ehrlich, M. D.

(Address) 1017 E. Baltimore St.

M. D. B 1268-9

✓ F 31185

31185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hudson Bells City, Hosp — Registered No. 211 M

CITY OF BALTIMORE: (No. ..... St., 26-12 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Fulsom James — If U. S. Veteran specify WAR .....

(a) Residence: No. 604 E. 1st St. Dundalk (no Dundalk 4 mos) St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

Riceboro Ga

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Irene Jones

6. DATE OF BIRTH (month, day, year) Jan 4 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	26	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Liberty Co Ga

FATHER

13. NAME Carter Joyner

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Phebe ? ?

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Irene Jones (Address) Riceboro Ga

18. BURIAL, CREMATION, OR REMOVAL. Place Riceboro Ga Date Jan 16 1937

19. UNDERTAKER Lloyd W. Chase & Son (Address) 638 N. Calvert

20. FILED JAN 15 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 12 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 7 37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1 12 1937

Where did injury occur? On North Point Road (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway Auto Accident

Manner of injury Rider of motorcycle struck a telephone pole

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Roland Garey Gutt, M. D. Coroner

(Address) 902 N Calvert

F 31186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 31186

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 E Biddle St., 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Catherine Hughes

(a) Residence: No. 402 E. Biddle St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Martin Hughes

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Murray

(Address) 402 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan 16. 1937

19. UNDERTAKER Geo Wendefeld

(Address) 9[illegible] Ave

Registrar.

JAN 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1937 to Jan 13, 1937

I last saw h[illegible] alive on Jan 13, 1937. Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? no Date of -

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B P Kergan MD M. D.

(Address) 1305 N. Patterson Park Ave

OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 31187 ✓ F 31187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

940

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3105 Tyndale Ave. St., 27-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clarence R. Carney

If U.S. Veteran specify War World War Veteran

(a) Residence: No. 3105 Tyndale Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leona Anderson

6. DATE OF BIRTH (month, day, year) Feb. 5, 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Court House 0009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minn.

FATHER

13. NAME C. Carney

14. BIRTHPLACE (city or town) (State or country) Minn.

MOTHER

15. MAIDEN NAME Jennie Robertson

16. BIRTHPLACE (city or town) (State or country) Minn.

17. INFORMANT Leona Anderson Carney
(Address) 3105 Tyndale Ave. City

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Jan. 16, 1937

19. UNDERTAKER John D. Mitchell & Sons
(Address) 1900 Eutaw Place, City

20. FILED ... 19... Registrar

JAN 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 10, 1937 to January 14, 1937

I last saw him alive on January 12, 1937. Death is said to have occurred on the date stated above, at 7:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Jan. 10, 1937

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

Geo. Forgotson M. D.
(Address) 401 East 25th St. City

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 31188 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31188

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH West Baltimore General Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Raynor Ave & Dukeland St., 25-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Hardey

(a) Residence: No. 5521 Gwynn Oak Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minne Geoghegan

6. DATE OF BIRTH (month, day, year) March 30, 1877

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
59	10 9	15 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George W. Hardy

14. BIRTHPLACE (city or town) (State or country) D.C.

MOTHER

15. MAIDEN NAME Virginia Gill

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Minne G. Hardy
(Address) 5521 Gwynn Oak Ave. City

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Jan. 16, 37

19. UNDERTAKER John D. Mitchell & Sons
(Address) 1900 Eutaw Place, City

JAN 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 4th, 1937, to Jan 14, 1937

I last saw him alive on Jan 14th, 1937 Death is said to have occurred on the date stated above, at 6.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-3-37

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) George Schochet, M. D.

(Address) West Balto Gen Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V 53

M. D. F. 1937

F 31189

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31189

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1729 Montpelier St. (Ward) 27

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME C Wilson Lomax

(a) Residence: No. 1729 Montpelier St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lettie M Lomax

6. DATE OF BIRTH (month, day, year) Oct 4 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bank teller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fidelity Trust Co

10. Date deceased last worked at this occupation (month, day, year) 6/12/37

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Cumberland Md

FATHER

13. NAME Clarence D Lomax

14. BIRTHPLACE (city or town) (State or country) St Mary Co Md

MOTHER

15. MAIDEN NAME Elmira Jackson

16. BIRTHPLACE (city or town) (State or country) Talbot Co Md

17. INFORMANT Lettie M Lomax
(Address) 1729 Montpelier St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date June 16 1937

19. UNDERTAKER Wilson Godfrey
(Address) 1217 E Lanvale St

... 19...

OCCUPATION is very important. See instructions on back of certificate.

V S 3

JUN 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12 1937

22. I HEREBY CERTIFY, That I attended deceased from June 4 1937 to June 12 1937

I last saw h alive on June 12 1937 Death is said to have occurred on the date stated above, at 4:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Pneumonia (Lobar) Left.	6/4/37

Other contributory causes of importance:

Chronic Myocarditis - Chr

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) W. S. Gray, M. D.

(Address) 6707 N. Wickham

F 31190 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31190

CERTIFICATE OF DEATH

958

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 21 S. Carey St. 18-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME PETER BECK (13 [illegible] 17)

If U. S. Veteran specify WAR .....

(a) Residence: No. 21 S Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katie N Beck

6. DATE OF BIRTH (month, day, year) June 15-1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Martin Beck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Katie N Beck

(Address) 21 S. Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date 1-18- 1937

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins sts

1-15 1937 [illegible] ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-14- 1937

22. I HEREBY CERTIFY, That I attended deceased from May 16 1936 to Jan 14 1937

I last saw him alive on Jan 13 1937 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance: Hypertensive Cardio Renal Disease	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. Brigden M. D.

(Address) 1326 W Lanvale St

F 31191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-AF 31191

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME George Perkins (GEORGE PERKINS)

(a) Residence: No. 205 Patapsco Ave. St., Dundalk Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sophia Perkins

6. DATE OF BIRTH (month, day, year) Dec. 16. 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Delivery Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George Perkins

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME Susan Boone

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Sophia Perkins (Wife)

(Address) 205 Patapsco Ave. Dundalk

18. BURIAL, CREMATION, OR REMOVAL
Oak Lawn Cemetery (Place) Jan. 16. 1937 (Date) 19

19. UNDERTAKER HENRY SANDER & SONS. INC
(Address) Baltimore & Broadway

JAN 15 1937

Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 . 1937 to Jan 13 . 1937

I last saw h— alive on Jan 13 . 1937 Death is said to have occurred on the date stated above, at 5'15 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Congestive Heart disease	2 wks
Heart Block	5' 2pm
Generalized Arteriosclerosis	?

Other contributory causes of importance:

Anasarca

Was an operation performed? Yes Date of 1-7-37

For what disease or injury? Paracentesis -

Withdrawal of fluid from Abdomen

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — . 19 .....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frank R Shepherson M. D.

(Address) St Joseph's Hospital

F 31192

F 31192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 Whitelock St., 13-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fannie Rose Berlin

If U. S. Veteran specify WAR .....

(a) Residence: No. 814 Whitelock St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Late Edel

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Simon Berlin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mary Wolman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Benj Berlin

(Address) 814 Whitelock St

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Herring Run Date Jan 15 1937

19. UNDERTAKER J. H. Levenson & Bro

(Address) 1127 E Baltimore St.

20. FILED JAN 15 1937 H. E. Lee Deputy Registrar

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest/Autopsy or Inquiry thereon and from the evidence obtained by said Inquest/Autopsy or Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	1/14/37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) H. W. Wiedenhorn M. D.

Coroner

(Address) Coroner

F 31193

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31193

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2405 Llewellyn Ave St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mathias Jirsa

If U.S Veteran specify WAR .....

(a) Residence: No. 2405 Llewellyn Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary L. Jirsa

6. DATE OF BIRTH (month, day, year) May 1st 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	7	17 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 0080

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Charles Jirsa

(Address) 1724 Lakewood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Bowle Jan. 18. 37

19. UNDERTAKER Jas. H. Valentine

(Address) 2326 Aiken St.

20. FILED ..... 19 ...

JAN 15 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1937 to Jan 14 1937

I last saw him alive on Jan 14 1937 Death is said to have occurred on the date stated above, at 5.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage.	
Other contributory causes of importance:	
Arteriosclerosis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. D. Herzog M.D. M. D.

(Address) 1305 N Patterson Park Ave

F 31194

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31194

CERTIFICATE OF DEATH

34 8- 23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) 2

Length of residence in city or town where death occurred ...yrs.....mos.....ds. How long in U. S. If of foreign birth? ...yrs.....mos.....ds.

If U. S. Veteran specify WAR

2. FULL NAME James Miller (18064)

(a) Residence: No. 723 N Lexington St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline

6. DATE OF BIRTH (month, day, year) October 13, 1879

7. AGE	Years	Months	Days	If LESS than 1 day ...hrs. or ...min.
	57	2	26 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Floor Layer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Car.

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) ??

MOTHER

15. MAIDEN NAME Anna Sutton

16. BIRTHPLACE (city or town) (State or country) ??

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Johns Hopkins Med School Date Jan. 15 1937

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED 19

JA 1937

2901

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 20, 1936 to January 8, 1937

I last saw him alive on January 8, 1937 Death is said to have occurred on the date stated above, at 3:45 m A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Oct 1935

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leon H. Feldman M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

16399 ✓ F 31195

F 31195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 26-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1896 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank Smith

(a) Residence: No. None St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-30-1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Fannie Smith

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Johns Hopkins Mt. Hope Date Jan. 15 1937

Commissioner of Health

19. UNDERTAKER Per M. A. Moore

(Address)

FILED JAN 16 1937

2963

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 — 7 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 8 - 14, 1936 to 1 — 7, 1937

I last saw him alive on 1 — 7, 1937 Death is said to have occurred on the date stated above, at 4:06 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Disease	?
Benign Hypertrophy of Prostate	?
Other contributory causes of importance:	
Cystitis Acute	?
Hemiplegia, Left, (Old)	?

Was an operation performed? Yes Date of 1-4-37

For what disease or injury? Benign Hypertrophy of Prostate

Name of operation Transurethral Resection Prostate

What test confirmed diagnosis Operation Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. E. Brantigan M. D.

(Address) Baltimore City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 31196

31196

CERTIFICATE OF DEATH

82a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1313 Ensor St., 9-9 Ward)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Herman J. Geisler

If U.S. Veteran specify WAR .....

(a) Residence: No. 1313 ~~Ensor~~ Ensor St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 4 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk 0009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Michael A. Geisler

14. BIRTHPLACE (city or town) (State or country) Balto - Md

MOTHER

15. MAIDEN NAME Margaret A. Grunewald

16. BIRTHPLACE (city or town) (State or country) Balto - Md

17. INFORMANT Mr. Elzie L. Miskelly

(Address) 1313 E. Ensor St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem Date Jan. 16 19 37

19. UNDERTAKER Harvey Thrift & Sons, Inc

(Address) 321 E. Fayette St

20. FILED JAN 15 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11 1933 to Jan 13 1937

I last saw h. alive on Jan 13 1937 Death is said to have occurred on the date stated above, at 7:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/13/37
Other contributory causes of importance:	
arterio Sclerosis	2

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. H. Thomas M. D.

(Address) 5136 Belford Rd

OCCUPATION is very important. See instructions on back of certificate.

31197 F 31197

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1637 Aisquith St., 9-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eleanor J. Lytle

If U.S. Veteran specify WAR .....

(a) Residence: No. 1637 Aisquith St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of J. Preston Lytle

6. DATE OF BIRTH (month, day, year) August 18 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0137

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John J. Kilchenstein

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Catherine Schilling

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr J Preston Lytle

(Address) 1637 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 18 19 37

19. UNDERTAKER Henry Heck Sons, Inc

(Address) 1301 E Eager St

20. FILED JAN 15 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1936 to Jan 14th 1937

I last saw her alive on Jan 14 1937 Death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Other contributory causes of importance: Chr Nephritis	

Was an operation performed? No Date of .....

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur C Mongeuger M. D.

(Address) 800 E North Ave

19747 31198

HEALTH DEPARTMENT—CITY OF BALTIMORE

31198

CERTIFICATE OF DEATH

27B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alonzo Rouse

(a) Residence: No. 703 W. Lexington St. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1-22-1910

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
26	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible] 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga.

FATHER

13. NAME Roscoe (Dead)

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Minnie Corbett

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Waldo Ga Date Jan 15, 37

19. UNDERTAKER John G. Bullock 335 E Biddle

(Address)

20. FILED ....., 19.... Registrar.

JAN 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-25, 1936 to 1-14, 1937

I last saw h[illegible] alive on 1-14, 1937 Death is said to have occurred on the date stated above, at 9 05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	6 dys
Other contributory causes of importance: Tuberculosis of left hip	1 mo

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in answers to following:

Accident, suicide, or homicide? ..... Date of injury....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, state .....

(Signed) W. A. Stowe M. D.

(Address) East City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

31199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31199

210 N

1. PLACE OF DEATH Johns Hopkins Hosp

CITY OF BALTIMORE: (No. 601 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Chas W Jones Jr

(a) Residence: No. 311 N Edmondson Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 4 1927

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Chas W Jones Jr

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Goodie Bruce

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Chas W Jones Jr

(Address) 311 N Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Jan 17 1937

19. UNDERTAKER John C. Miller

(Address) 2433-35 E. Oliver St

JAN 15 19[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 13 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, and that I have viewed the body thereof and from the evidence obtained by me (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	1/13/37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/13/37

Where did injury occur? On Orleans at Phila ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

How injury occurred Struck by passenger car

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harold Gorter Coroner, M. D.

(Address) 907 N Chas

31200

HEALTH DEPARTMENT—CITY OF BALTIMORE

31200

12200

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] St., Balto. City Hospt. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Lucy St. Clair

(a) Residence: No. 223 Conce St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	?

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of unk?

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ? unk

FATHER

13. NAME ? unk

14. BIRTHPLACE (city or town) (State or country) ? unk

MOTHER

15. MAIDEN NAME ? unk

16. BIRTHPLACE (city or town) (State or country) ? unk

17. INFORMANT ..... B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place Johns Hopkins Med. School Date Jan 15 '37

19. UNDERTAKER Commissioner of Health
(Address) Per N. A. Moore

JAN 15 1937

2964

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-9-1937

22. I HEREBY CERTIFY, That I attended deceased from 2-7-1936 to 1-9-1937

I last saw h[illegible] alive on 1-9-1937 Death is said to have occurred on the date stated above, at 5:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-9-37
Other contributory causes of importance: Hypertensive Cardio-vascular Renal Disease unk	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, how?

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospital

OCCUPATION is very important. See instructions on back of certificate.

31201

✓ F 31201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1-5159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 S. Drew St. St., 26 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Mc Farlane

(a) Residence: No. 426 S. Drew St St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Father Livingston Mc Farlane

6. DATE OF BIRTH (month, day, year) Jan 12 - 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Livingston Mc Farlane

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Ruby Flood

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Livingston Mc Farlane (Father)
(Address) 426 S. Drew St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem Date Jan 15 1937

19. UNDERTAKER Lilly & Zeiler INC.
Address 413 S. Wolfe St

JAN 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1937 to Jan 14 1937

I last saw h. alive on Jan 14 1937 Death is said to have occurred on the date stated above, at 10:15 P. m.

The principal cause of death and related causes of importance were as follows:

PREMATURE — Date of onset

Other contributory causes of importance: None

Was an operation performed? No Date of

For what disease or injury? None

Name of operation — Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signature) H. H. Greenberg M. D.

(Address) 4613 Harford Av

✓ F 31202

F 31202 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

107a

1. PLACE OF DEATH

Registered No. 21-1

CITY OF BALTIMORE: (No. 1028 Denver St. 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. 2 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Josephine Reprogel

If U.S. Veteran specify WAR ...

(a) Residence: No. 1028 Denver St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: William N. Reprogel

6. DATE OF BIRTH (month, day, year): Oct 29. 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Charles Albert

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Minnie Schwensen

16. BIRTHPLACE (city or town) (State or country): Balto. Md

17. INFORMANT: Erma D. Reprogel
(Address) 1028 Denver St.

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: Jan 16. 1937

19. UNDERTAKER: Mr. & Mrs. John W. Teufel & Son
(Address) 801 W. Lafayette St

JAN 15 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 13. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1937 to Jan. 13, 1937.
I last saw her alive on Jan. 13, 1936 Death is said to have occurred on the date stated above, at 2.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	Jan 9/37
Other contributory causes of importance:	
Auricular Fibrillation	Dec 9/36

Was an operation performed? ✓ Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ✓ Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ✓

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Harry H. Cates M. D.

(Address) 523 Scott St.

31203 F 31203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen Hosp St., 13 Ward) 17

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U S Veteran specify WAR ...

2. FULL NAME Baby Boy Ayers

(a) Residence: No. Md. Gen Hosp St., 5125 Shelbyville Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan 13 1937

7. AGE: Years | Months | Days: 1 | If LESS than 1 day: 17 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ...
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...
10. Date deceased last worked at this occupation (month and year): ...
11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: Elmer Ayers
14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER
15. MAIDEN NAME: Martha Lewis
16. BIRTHPLACE (city or town) (State or country): Linwood N. C.

17. INFORMANT: Elmer Ayers
(Address): 5125 Shelbyville Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Loraine Date: 1/15 1937

19. UNDERTAKER: Wm Cook
(Address): 1217 E Fayette St

20. Filed ... 1937 Registrar.

JAN 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 13 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-13-36 to 1-13-36 1937
I last saw him alive on 1-13-36 1937. Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows: Premature Foetal Heartbeats — Date of onset ...

Other contributory causes of importance: ...

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) W. Md Gen Hosp M. D.
(Address)

OCCUPATION is very important. See instructions on back of this sheet.

Lampson ✓ F 31204

31204

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2442 W. Mo. Carroll) (Ward 3)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isaack Lampson

If U.S. Veteran specify WAR ...

(a) Residence: No. 2442 W. Mo. Carroll Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	B.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sabrina Lampson

6. DATE OF BIRTH (month, day, year) 12/25/1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	25	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lillian Poulson

(Address) 2442 W. Mo. Carroll

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Jan 16 1937

19. UNDERTAKER Mary Robert A. Elliott-daughter

(Address) 1129 N. Carlton St

20. FILED ... Registrar

JAN 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/14/37 19

22. I HEREBY CERTIFY, That I attended deceased from 11/19/36 19 to 1/14/37 19

Last saw h[illegible] alive on 1/13/37 19 Death is said to have occurred on the date stated above, at 5:40 P.M.

The principal cause of death and related causes of importance were as follows: Acute Heart Dis. Duration of onset

Other contributory causes of importance: Chronic Bron-chopneumonia

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R. Lee Ellis M. D.

(Address) 624 Wash. Ave.

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

F 31205

31205 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 131 19851

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospt. Ward) 4-2
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie William
If U. S. Veteran specify WAR
(a) Residence: No. 678 Sarah Ann St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oscar William

6. DATE OF BIRTH (month, day, year) 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 1937
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER
13. NAME John Sample
14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER
15. MAIDEN NAME Fannie Hock
16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Jan 17, 1937

19. UNDERTAKER Mrs Katie R Williard
(Address) 322 N Schroeder St.

FILED 19 Registrar.

JAN 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-29, 1936 to 1-14, 1937
I last saw her alive on 1-14, 1937 Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular Renal Disease	1 yr.
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.

(Signed) John F Ramey M. D.
(Address) Baltimore City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

✓ F 31206

31206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 945 N Lexington St. 18-1 Ward)

Length of residence in city or town where death occurred 5 yrs. 5 mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Veris Stewart.

(a) Residence: No. 945 N. Lexington Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Infant

7. DATE OF BIRTH (month, day, year): Aug 18th 1936

7. AGE: Years: — Months: 5 Days: 5 If LESS than 1 day, hrs. or min.: —

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Infant

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Stanley Stewart

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Margaret Massey

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Margaret Stewart

(Address) 945 N Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Jan 15, 1937

19. UNDERTAKER: Mrs Katie R. Williams

(Address) 322 E. Lanvale St

20. FILED JAN 15 1937 [illegible]

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) 1/13 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1937 to Jan 13 1937

I last saw deceased alive on 1/13/37 Death is said to have occurred on the date stated above, 2:50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/7/37
(Other) contributory causes of importance:	
Whooping cough.	1/1/37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. T. Grayson M. D.

(Address) 527 N. Arlington Ave

JAN 15 1937

M. D. B 1268-9

31207

F 31207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 4-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Cassie Wilkens Henson

(a) Residence: No. 240 N. Mount St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Henson

6. DATE OF BIRTH (month, day, year) Oct. 27, 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0631

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Harford County Md.

FATHER

13. NAME Perry Jackson

14. BIRTHPLACE (city or town) (State or country) Howard County Md.

MOTHER

15. MAIDEN NAME Sarah Mateus

16. BIRTHPLACE (city or town) (State or country) Howard County Md.

17. INFORMANT Walter Henson

(Address) 240 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Cemetery Place Howard Co. Md. Date Jan 17 37

19. UNDERTAKER Mrs Tate R. Williams

(Address) 323 S Schroeder St

(Filed) JAN 15 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Uremia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreuber, M. D.

Coroner

(Address) 1918 E. North Ave

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

M. D. B 1268-9

F 31208

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31208

CERTIFICATE OF DEATH

206 M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St. 36-42 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Albert Schenning

(a) Residence: No. 1805 Maxwell Ave Dundalk, Md. St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) March 28th/1914

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
22	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Taxicab-Dixon

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Theodore Schenning

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Martha Kaczorowski

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs, Martha Schenning
(Address) 1805 Maxwell Ave, Dundalk, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem. Date January 17th 1937

19. UNDERTAKER George A. Meher
(Address) 125 S Ann St

JAN 15 1937 Huntington Nicholas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 14th, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows: — Date of onset

Fractured skull

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 1/14 1937
Where did injury occur? Balto & East Ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street
Manner of injury Carrying Mirror
Nature of injury Head car

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

Signed Hubert Bailey Auto Corp'n M. D.
(Address) 907 N Charles St

OCCUPATION is very important. See instructions on back of certificate.

F 31209

31209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 N Payson St. 15-2 Ward

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Dilly

If U.S. Veteran ✓ specify WAR .....

(a) Residence: No. 1606 N Payson St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Agnes Todd Dilly

6. DATE OF BIRTH (month, day, year) Jan 17 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Caddy Master

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Golf Club 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arbroath Scotland

FATHER

13. NAME Samuel Dilly

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Lamb

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs Samuel Dilly

(Address) 4 Ridge Road Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 16 1937

19. UNDERTAKER Wm J Speakman & Sons

(Address) Balto Md

20. [illegible] Jan 15 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1937

22. I HEREBY CERTIFY That I attended deceased from July 1, 1936 to Jan 14, 1937

I last saw h[illegible]ive on Jan 13, 1937 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis

Date of onset June 36

Other contributory causes of importance:

Arterio Sclerosis ?

Hypostatic Pneumonia 1936

Was an operation performed? No Date of .....

For what disease or injury? .....

What confirmed diagnosis? Chronic Endocarditis. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Augustus Bonnet M. D.

(Address) Catonsville Md

OCCUPATION IS very important. See instructions on back of certificate.

F 31210

31210 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. 90

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran ✓ specify WAR

2. FULL NAME Edward MARIS Amos

(a) Residence: No. 424 N. Green St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ~~1866~~ 10/7/1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James H Amos

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Laura Wood

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Eastern Cem. Date 1/16 1937

19. UNDERTAKER Wm. J. Tucker & Sons
(Address) Hill

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-14-1937

22. I HEREBY CERTIFY, That I attended deceased from 5-12 1936 to 1-14 1937

I last saw him alive on 1-14 1937 Death is said to have occurred on the date stated above, at 11:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adhesive Mediastino-peri-carditis	1½ yrs
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

13 1337

F 31211

31211 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1249 N. Bentalou St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S Veteran specify WAR .....

2. FULL NAME Christina Weltner.

(a) Residence: No. 1249 N. Bentalon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F. Fem	White	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Weltner

6. DATE OF BIRTH (month, day, year) Dec. 28, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME George Mieth

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William Weltner.
(Address) 3503 Calloway Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Jan 17 1937

19. UNDERTAKER Wm. Pickher Sons
(Address) North & Fulton Aves.

20. [illegible]

JAN 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14. 1937

22. I HEREBY CERTIFY, That I attended deceased from November 1934 to Jan 14 1937

I last saw her alive on January 14 1937. Death is said to have occurred on the date stated above, at 12:10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	1934
Other contributory causes of importance:	
Acute Dilatation	Jan 13 '37

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C. L. Hoffman, M. D.

(Address) 1118 East Read St.

✓ F 31212

31212 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93c

Registered No. 12-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3505 N. Charles St.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John S. Bridges

If U.S. Veteran specify WAR

(a) Residence: No. 3505 N. Charles St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Wills

6. DATE OF BIRTH (month, day, year) Dec. 4, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John C. Bridges

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Forney

16. BIRTHPLACE (city or town) (State or country) Gettysburg, Pa.

17. INFORMANT (Address) Mr. John S. Bridges Jr. Carrollton Ave. Ruxton, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cem. Date 1/16/37 19

19. UNDERTAKER John O. Mitchell & Sons (Address) 1900 Eutaw Place

15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/15/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from November . 1932 to Jan 15 . 1937

I last saw him alive on Jan 15 . 1937 . Death is said to have occurred on the date stated above, at 4.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis - hypertension	gradual
Other contributory causes of importance: Pyelitis and pulmonary edema	1 week

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so,

(Signed) W. H. Roody . M. D.

(Address) 1403 Park Ave.

OCCUPATION IS very important. See instructions on back of this certificate.

F 31213

31213

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1/31 19973

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry Stallings

(a) Residence: No. 322 S. Poppleton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jeannette

6. DATE OF BIRTH (month, day, year) 6-17-1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd Jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Morgan

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Cora Lehman

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sarage & Lindley Date 1/18/37

19. UNDERTAKER Ambrose, Inc
(Address) 1617 W. Cross St.

D 1431

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-3, 1937 to 1-14, 1937

I last saw him alive on 1-14, 1937 Death is said to have occurred on the date stated above, at 1.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	3 dys
Other contributory causes of importance: Hypertensive Cardiovascular Renal Disease & uremia.	4 mos

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John F Rainey M. D.
(Address) Baltimore City Hospitals

31214 ✓ F 31214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ...life... mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Henry Johnson
If U.S. Veteran specify WAR ...
(a) Residence: No. 634 Gaither St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Johnson

6. DATE OF BIRTH (month, day, year) Aug 13, 1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
32	5	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 0070
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Store
10. Date deceased last worked at this occupation (month and year) 1.4.37
11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER
13. NAME Robert Johnson
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Elizabeth Owens
16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Daisy Cook
(Address) 1709 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date 1/16 1937

19. UNDERTAKER Kayner Saunders
(Address) 1413 E. Preston St

20. FILED ... 19... Registrar
15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/14/1937

22. I HEREBY CERTIFY, That I attended deceased from 1.5.1937 to 1.14.1937
I last saw him alive on 1.14.1937. Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage with Hemiplegia	1.5.37
Other contributory causes of importance: Pulmonary edema	1.12.37

Was an operation performed? No Date of ...
For what disease or injury? ...
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James D. Carr M. D.
(Address) 515 Mosher St.

F 31215

HEALTH DEPARTMENT—CITY OF BALTIMORE

31215

CERTIFICATE OF DEATH

97

Registered No. 77-15

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5502 Roland Ave St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Amelia D. Bowes

(a) Residence: No. 5502 Roland Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widow

5a. If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND~~ of
(or) WIFE of Late Albert D. Bowes

6. DATE OF BIRTH (month, day, year) June 11th 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Daiger

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Amelia Debot

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Bowes Wife

(Address) 5502 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Jan 16th 1937

19. UNDERTAKER Henry Heuleis Sons & Co

(Address) Eutaw & Lexington Sts

19..... Registrar.

JAN 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 14th 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec-8- 1936 to Jan.-14 1937

I last saw her alive on Dec-14 1936. Death is said to have occurred on the date stated above, at 5:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Femoral Thrombo-Phlebitis	12/4/36
Pulmonary Embolism	1/10/37

Other contributory causes of importance:

Arterio-Sclerosis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide, or Homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury No

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Wesley Cole M. D.

(Address) 2707 Garrison Blvd

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31216

CERTIFICATE OF DEATH

165 F 31216

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 131 N. Exeter St., 5 Ward)

Length of residence in city or town where death occurred 1/2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

U. S. Veteran

2. FULL NAME Thomas Jones specify WAR .....

(a) Residence: No. 131 N. Exeter St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Lucille

6. DATE OF BIRTH (month, day, year) May 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
36	36	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Va (State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Wife Lucille Jones (Address) 131 N. Exeter St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Jan 16th 1937

19. UNDERTAKER Chas. O. Wilson (Address) 1000 Brantley Ave

20. FILED JAN 15 1937 Huntington Frederick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/13. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in and the following:

Accident, suicide, or homicide? Suicide Date of injury 1/13. 1937

Where did injury occur? Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Hung himself

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas. B. Pollard M.D.

(Address) 1031 N. Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

F 31217

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31217

CERTIFICATE OF DEATH

1-5-23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 23 S. Duncan St., 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Henry Smith

(a) Residence: No. 23 S. Duncan St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6/4/04

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	32	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm Smith

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md

MOTHER

15. MAIDEN NAME Cora Banks

16. BIRTHPLACE (city or town) (State or country) Cambridge Md

17. INFORMANT Cora Smith
(Address) 23. S. Duncan St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 1/16 19 37

19. UNDERTAKER Elroy C Wilson
(Address) 1000 Pennsylvania Ave

20. FILED JAN 15 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/14 D, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 8th, 1936 to 1/14, 1937

I last saw him alive on 1/9, 1937 Death is said to have occurred on the date stated above, at 12.30 p.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	June 37
Other contributory causes of importance:	

Was an operation performed? NO Date of .....

For what disease or injury? .....

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Raymond Thomas M. D.

(Address) 1500 E. Madison Ave

OCCUPATION is very important. See instructions on back of certificate.

F 31218

31218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 N. Milton St. St. 16-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry Mehrling

(a) Residence: No. 618 N. Milton St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 18, 1883.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53		23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Henry Mehrling

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary E. Aden

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Edward W. L. Mehrling (Address) 611 N. Woodington Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Jan. 16, '37

19. UNDERTAKER Harry A. Leitz (Address) 1401 Edmondson Ave.

20. FILED Jan 15 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1936 to Jan 13, 1937

I last saw him alive on Jan 13, 1937. Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

Streptococcus Viridans Septicemia. — Onset at about Nov 2 1936
Chronic Bacterial Endocarditis
Pulmonary Hemorrhage — Jan 13, 1937

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Geo. L. Wiseman, M. D.

(Address) 4000 Edmondson Ave

F 31219

31219 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

25-2 89a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2732 Georgetown Road St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen Marlene McDaniel

If U. S. Veteran specify WAR .....

(a) Residence: No. 2732 Georgetown Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Jan. 31, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11	14 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James ... McDaniel

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Evelyn Hart

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT James E. McDaniel
(Address) 2732 Georgetown Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan. 16, 19 37

19. UNDERTAKER Harry H. Mitchell
(Address) 401 Edmondson Ave.

20. FILED JAN 15 1937 H. Eugene Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1937 to Jan 14, 1937
I last saw her alive on Jan 14, 1937 Death is said to have occurred on the date stated above, 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
abscess	
Otitis media	Jan 1-37
Acute Bronchitis	"
acute naso-pharyngitis	"
Other contributory causes of importance:	
Cardiac decompensation	3 days

Was an operation performed? yes Date of Jan 2-37

For what disease or injury? Otitis media

Name of operation Incision left ear drum

What test confirmed diagnosis? Cl. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 19.....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of Injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Fred T. Kyper M. D.

(Address) 3321 Fredth Ave

✓ F 31220

31220

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital (Ward) H

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Vet. specify WAR No Record

2. FULL NAME Teresa Virginia Hardesty

(a) Residence: No. 6112 Ridgewood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed or divorced~~ Wife of Richard W. Hardesty

6. DATE OF BIRTH (month, day, year) Dec 12th 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

FATHER

13. NAME Wm. Beach

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Catherine Kroninger

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md

17. INFORMANT Richard W. Hardesty

(Address) 6112 Ridgewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jan 18th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

15 1937

2[illegible] [illegible] M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-14-37. 19

22. I HEREBY CERTIFY, That I attended deceased from 12-8-36, 19 to 1-14-37, 19

I last saw her alive on 1-14-37, 19 Death is said to have occurred on the date stated above, at 3:10 P m.

The principal cause of death and related causes of importance were as follows:

Hypertensive & arteriosclerotic Cardiovascular renal disease — Date of onset

Other contributory causes of importance:

Bronchopneumonia

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leonard C Lund M. D.

(Address) Maryland General Hospital

✓ F 31221

31221 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

958

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital (Ward) 2710

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rev. Don. S. Colt

If U.S. Veteran specify WAR No Record

(a) Residence: No. 530 Beaumont Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Male

5a. If married, ~~widowed, or divorced~~ HUSBAND of Sadie S. Colt

6. DATE OF BIRTH (month, day, year) Apr 30th 1861

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
75	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gospel 0018

10. Date deceased last worked at this occupation (month and year) June 1936

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME Rev James H Colt

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Mary Sewell

16. BIRTHPLACE (city or town) (State or country) V.

17. INFORMANT Dan S. Colt Jr

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baldwin, Kansas Date Jan 16th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington W. Va. Funeral Home

JAN 15 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/14/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1/3/37 . 19 . to 1/14/37 . 19

I last saw him alive on 1/14/37 . 19 . Death is said to have occurred on the date stated above, at 1:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic C-V disease	~~1926~~ 12/25/36
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Josiah A. Hunt. M. D.

(Address) Maryland Gen. Hospital

F 31222

32354 4
31222

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. Ho-8 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Jolie Gerd

(a) Residence: No. 200 S. Fagley St, Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Bert -

6. DATE OF BIRTH (month, day, year) 3/3/88

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48 ~~50~~	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H - Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn -

FATHER

13. NAME James G. Klein

14. BIRTHPLACE (city or town) (State or country) Penn -

MOTHER

15. MAIDEN NAME Amanda Goetzing

16. BIRTHPLACE (city or town) (State or country) Penn -

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Damascus Pa. Date Jan 16, 1937

19. UNDERTAKER John F. Connelly
(Address) Essex Md.

20. FILED JAN 15 1937 [illegible] Registrar.

15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 1937 to Jan 15 1937

I last saw her alive on Jan 15 1937 Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, Type I	1-5-37
Bacteremia, Pneumococcus I	
Other contributory causes of importance: Rheumatic heart disease	1895?

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) P. Carmichael Tilghman, M. D.

(Address) Johns Hopkins Hospital

F 31223

31223 HEALTH DEPARTMENT—CITY OF BALTIMORE

20294

CERTIFICATE OF DEATH

26-8-46B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Viola Dempsey

If U. S. Veteran specify WAR .....

(a) Residence: No. 248 S. Conklin St. St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Dempsey

6. DATE OF BIRTH (month, day, year) 11-2-1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hwf.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (037)

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph Burkins

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rose McGibney

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Darlington Md. Date Jan 18 1937

19. UNDERTAKER Phillips Funeral Home
(Address) 403 S. Caroline St.

20. FILED ..... 19 ..... Registrar.

15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-15- 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-13 1937 to 1-15- 1937

I last saw her alive on 1-15- 1937 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1-15-37
Other contributory causes of importance:	
Carcinoma of Stomach?	Unk

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hospitals

✓ F 31224

31224 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

47a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 18-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George McAllister

If U.S. Veteran specify WAR Spanish

(a) Residence: No. 946 West Baltimore Street St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Married

5a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ of Anna McAllister

6. DATE OF BIRTH (month, day, year) April 26th 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME George McAllester

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Laura Ahlleib

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna McAllister (Address) 946 W. Balto St

18. BURIAL, CREMATION, OR REMOVAL Place U.S. National Date Jan 18th 1937

19. UNDERTAKER W.S. Cook (Address) 1217 St Paul St

20. [illegible] Registrar.

16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 13, 1937 to January 15 1937

I last saw him alive on January 15 1937 Death is said to have occurred on the date stated above, at 3:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx	
Hypertensive Cardiovascular Renal Disease	
Edema of Lungs	

Other contributory causes of importance:

Hyp

Was an operation performed? yes Date of 11/14/36

For what disease or injury? Carcinoma of Larynx

What test confirmed diagnosis? clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Warren McAllister, M. D.

(Address) Univ. Hospital

31225

HEALTH DEPARTMENT—CITY OF BALTIMORE

31225

CERTIFICATE OF DEATH

53E

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Eva Huggins (18276)

(a) Residence: No. 922 W. Baltimore St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Hudgins

6. DATE OF BIRTH (month, day, year) June 6, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Samuel Ernst

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Louisa Stewart

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Samuel Ernst
(Address) 750 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Jan 18 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

JAN 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 28, 1936 to January 15, 1937

I last saw her alive on January 15, 1937 Death is said to have occurred on the date stated above, at 11:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of femur with metastasis	1935
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ruth Feldman M. D.

(Address) Baltimore City Hospitals

M. D. B 1268-9

F 31226

31226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John M. Henry

(a) Residence: No. 416 W. Fayette St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 1o, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thomas Henry

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Harriett Brannan

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Elmyra Emig

(Address) 1605 N. Castle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cemetery Date Jan 16 1937

19. UNDERTAKER Albert L. Nitsch

(Address) 1601 N. Chester Street

20. FILED 19 Registrar.

16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14, 1937 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. D.

Coroner

(Address) 2737 W. North Ave

OCCUPATION is very important. See instructions on back of certificate.

F 31227

31227 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 S. Monroe St., 19 Ward) Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME John Parrish If U. S. Veteran specify WAR World war

(a) Residence: No. 109 S. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unmarried. Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct. 20 1889

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
47	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Hustler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 25-30

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frank T. Parrish

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Clara Eberts

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Howard Eberts
(Address) 1920 N. Fremont Ave

18. BURIAL, CREMATION, REMOVAL Place Loudon Park Date 1/16 37

19. UNDERTAKER A. Jones
(Address) 1114 Pine St

20. Filed ..., 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquest find that said deceased came
(Inquest, Autopsy or Inquiry)
to his death on the day stated above. 8 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Jan 1937
Other contributory causes of importance: Pulmonary Tuberculosis	7 mo

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Tuberculosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Thos. H. Pullen, M. D.
Coroner

(Address) 939 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B. 1268-A

31228

HEALTH DEPARTMENT—CITY OF BALTIMORE 31228

CERTIFICATE OF DEATH 1937

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1098 S. Highland Ave. (St.) (Ward) 16-8

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Knorr

If U. S. Veteran specify WAR .....

(a) Residence: No. 109 S. Highland Ave. St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Harry Knorr

6. DATE OF BIRTH (month, day, year) July 8 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cumberland Md.

FATHER

13. NAME Mavis Roeder

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Wilhelmina Schultz

16. BIRTHPLACE (city or town) (State or country) Cumberland Md.

17. INFORMANT Minnie M. Gladic

(Address) 109 S. Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Jan. 18 19 37

19. UNDERTAKER C. Miller & Son

(Address) 2334 Jefferson St.

JAN 16 1937

19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. M. Wright Coroner, M. D.

(Address) 1010 S. Ellwood Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 31229

31229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 186a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 25 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Stroh

(a) Residence: No. 3835 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Stroh

6. DATE OF BIRTH (month, day, year) Feb. 7, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brooklyn, Md.
(State or country)

FATHER

13. NAME Henry Fisher

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm. B. Strickler
(Address) 3835 Hanover St.,

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Jan. 16, 1937

19. UNDERTAKER John F. Denny
(Address) 715 Light St

20. [illegible]

16 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest found that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	
Other contributory causes of importance: Fracture med. 1/3 femur	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Dec 22 36

Where did injury occur? Balto Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury fall down steps in home

Nature of injury Fract. Med. femur

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [signature] M. D.

(Address) 1010 S. Ellwood Ave

31230

HEALTH DEPARTMENT—CITY OF BALTIMORE

31230

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1550 Argyle Ave St. 14-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles H. Davis.

(a) Residence: No. 1550 Argyle Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Alice Davis

6. DATE OF BIRTH (month, day, year) Nov 17th 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52 yrs	1 month	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) Jan 6 1937

11. Total time (years) spent in this occupation 15 yrs.

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Lawrence Davis

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Alice Davis
(Address) 1550 Argyle Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 1/17, 1937

19. UNDERTAKER [illegible]
(Address)

20. FILED JAN 18 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 3rd, 1937 to Jan 13th, 1937

last saw him alive on Jan 13th, 1937. Death is said to have occurred on the date stated above, at 1145 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Jan 6 1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Typical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
None If so, specify

(Signed) Harry F. Brown M. D.

(Address) 1835 Madison Ave

31231

F 31231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 Laurens St. 14th Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. If U. S. Veteran specify WAR

2. FULL NAME Alfred Wylie Gibson

(a) Residence: No. 1211 Laurens St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Mar.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Gibson

6. DATE OF BIRTH (month, day, year) Nov. 30. 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bar tender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 1044

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md. Maryland

FATHER

13. NAME John Gibson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Huntington

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Florence Gibson
(Address) 1211 Laurens

18. BURIAL, CREMATION, OR REMOVAL
Place Relair Md. Date Jan 17 37

19. UNDERTAKER Thos. E. Kelson
(Address) 1204 Pennsylvania Ave

(FILED) Jan 16 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1937, to Jan 13 1937.

I last saw h[illegible] alive on Jan 13 1937. Death is said to have occurred on the date stated above, at 6.4. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis? Phy. Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. Garland Schmidt M. D.

(Address) 1534 Eutaw Pl.

OCCUPATION IS VERY Important. See instructions on back of certificate.

F 31232

31232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 St. E. 2 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Hawkins If U. S. Veteran specify WAR

(a) Residence: No. 108 East 3d St St., Ward. Frederick, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced (or) WIFE of O. Lowell Hawkins

~~HUSBAND of~~ ~~Josephine Hawkins~~

6. DATE OF BIRTH (month, day, year) Sept. 27, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick, Md.

FATHER

13. NAME Joseph Onley

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Eleanora Bowman

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Lowell Hawkins

(Address) Frederick, Md.

18. BURIAL, CREMATION, OR REMOVAL Frederick Md Cem

Place Fairview Date 1/16/ 1937

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St

1 6 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12 1937 to Jan. 14 1937

I last saw her alive on Jan. 14, 1937. Death is said to have occurred on the date stated above, at 8:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus Meningitis	1/4/37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sidney Selman M. D.

(Address) Lyderhorn Hospital

(over)

F 31233

F 31233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1937 C

No. 8

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 S Conkling St. ..... Ward)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rose May Yingling

If U.S. Veteran specify WAR .....

(a) Residence: No. 212 S Conkling St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Yingling

6. DATE OF BIRTH (month, day, year) Nov 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Wm Zahn

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Roland Fiske

(Address) 215 S. Conkling St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Jan 16 1937

19. UNDERTAKER John Ellerton

(Address) 2008 Arlington Ave

[illegible] Registrar.

16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 - 1936 to Jan 13 - 1937

I last saw her alive on Jan 13 1937 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	1936
Bronchopneumonia	Jan 9 - 1937

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Howard J. Bechtuna, M. D.

(Address) 3507 Falls Ave

M. D. B 1268-9

F 31234

31234 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

11 B V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1627 Presbury St. 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fannie Price

If U. S. Veteran specify WAR .....

(a) Residence: No. 1627 Presbury St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Floyd Price

6. DATE OF BIRTH (month, day, year) 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47 46	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1870

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Alfred Price

(Address) 1627 Presbury St

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date ..... 19..

19. UNDERTAKER Theo. G. Kelson

(Address) 1133 Eastern Ave

JAN 16 1937 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14. 1937

22. I HEREBY CERTIFY, That I took charge of the remains of deceased above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Influenza	1/13/37
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Leon S. Peters M. D.

(Address) 16 S. Eutaw St.

F 31235

31235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1937

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3209 Guilford St., 12th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 74 yrs. 1 mos. 9 ds. How long in U. S. If of foreign birth? 74 yrs. 1 mos. 9 ds.

If U. S. Veteran specify WAR NONE

2. FULL NAME Estelle Mathers Cowman

(a) Residence: No. 3209 Guilford St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of N. Linwood Cowman

6. DATE OF BIRTH (month, day, year) Dec 5 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	1	9	8

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles Ellis

14. BIRTHPLACE (city or town) (State or country) Phila. Pa.

MOTHER

15. MAIDEN NAME Eliza Campbell

16. BIRTHPLACE (city or town) (State or country) Phila. Pa.

17. INFORMANT Mrs Emma R. Larkin (sister)

(Address) 3209 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 16 1937

19. UNDERTAKER Stewart & Mosher Co.

Address 108 W Lanvale

JAN 16 1937

19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1936 to Jan 13 1937

I last saw h[illegible] alive on Jan 13 1937 Death is said to have occurred on the date stated above, at 10:17 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	Jan 1 37
Other contributory causes of importance: Cerebral Hemorrhage	Nov 1 36
Arterio Sclerosis Hypertension	" "

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Alma B Lemmon M. D.

(Address) 718 N Fallsway Pk ave

M. D. B 1268-9

F 31236 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 31236

CERTIFICATE OF DEATH

V 106-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1143 Brewer St. 17 - 25 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Andre Domer If U. S. Veteran specify WAR .....

(a) Residence: No. 1143 Brewer St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	S.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred Domer

6. DATE OF BIRTH (month, day, year) Nov. 22 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Paul Fagan

14. BIRTHPLACE (city or town) (State or country) Portugal

MOTHER

15. MAIDEN NAME Mildred Domer

16. BIRTHPLACE (city or town) (State or country) Jacksonville Fla.

17. INFORMANT Mildred Domer

(Address) 1143 Brewer St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 1-16-37 19

19. UNDERTAKER P. C. Richardson & Co. Inc.

(Address) 1132 Madison Ave.

20. Filed ..... 19 .....
(Local Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above at about 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis, chronic	
	(a)

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. Hamilton Lazenby M. D.
Coroner

(Address) 1210 Hanover St.

OCCUPATION is very important. See instructions on back of certificate.

V56

6 1937

F 31237

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31237

59

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Eutaw Place & Wilson St. Marlborough Apts. St., 14-1 Ward)

Length of residence in city or town where death occurred Lifetime yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma H. Stein

(a) Residence: No. Marlborough Apts. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Michael Stein

6. DATE OF BIRTH (month, day, year) Mch. 26, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME S.Leon Hartman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ----------

16. BIRTHPLACE (city or town) (State or country) Balto.Md.

17. INFORMANT (Address) Mr. Lee E. Hartman, 22 Light St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto.Hebrew Cem. Date Jany.17, 1937

19. UNDERTAKER David Sondheimer & Son.
(Address) 1902 Eutaw Place

20. FILED ..... 19 .....

N 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany.15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1937 to Jan. 15, 1937

I last saw h[illegible] alive on Jan. 15, 1937 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardio Renal Disease Pulmonary Edema	4 years 3 days.
Other contributory causes of importance: Diabetes Mellitus	20 yrs.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Saml Wolman, M. D.

(Address) 2044 Eutaw Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

31238 31238

CERTIFICATE OF DEATH

93-C

Registered No. 15-9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4025 Fairfax Road St., 15-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Laura Elizabeth Snyder

(a) Residence: No. 4025 Fairfax Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Irvin S. Snyder

6. DATE OF BIRTH (month, day, year) Feb 26 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	10	20 19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Springtown N.J.

FATHER

13. NAME Peter Willever

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Mrs. Melchoir E. Armacost

(Address) 4025 Fairfax Road

18. BURIAL, CREMATION, OR REMOVAL

Place Easton Pa Date Jan 18 1937

19. UNDERTAKER Harry R. Armacost Son

(Address) 4204 Ridgewood Ave.

JAN 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15th 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10th 1936 to Jan. 15th 1937

I last saw her alive on Jan. 15th 1937. Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1 yr 0 mo

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If yes, how?

(Signed) Elbert C. Keiser M. D.

(Address) 2245 Kristerstown Rd

OCCUPATION is very important. See instructions on back of certificate.

F 31239

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31239

CERTIFICATE OF DEATH

93-C

Registered No. 37-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3801 Fleetwood Ave (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie May Burchall

(a) Residence: No. 3801 Fleetwood Ave (Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Richard H. Burchall

6. DATE OF BIRTH (month, day, year) April 14th 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md.

FATHER

13. NAME Edward C. Lucas

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT R. H. Burchall (Address) 3801 Fleetwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon P. K. Date 19

19. UNDERTAKER Fredk. Lanagan & Son (Address) 7401 Belair Rd.

20. FILED Huntington [illegible]

JAN 15 1937

OCCUPATION IS VERY Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1st 1936 to Jan 14, 1937

I last saw h[illegible] alive on Jan 14, 1937. Death is said to have occurred on the date stated above, at 9:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	6/1/36
Other contributory causes of importance: Myocardial insufficiency	4/1/36

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward Bentz Jr. M. D.

(Address) 1 W. Preston

F 31240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-BF 31240

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy hospital St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Derby A. Lynch

If U.S. Veteran specify WAR .....

(a) Residence: No. 309 E. 30th. St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian May Ballenger

6. DATE OF BIRTH (month, day, year) 3/31/64

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	9	14 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Atty. at law

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1042

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

FATHER

13. NAME ---

14. BIRTHPLACE (city or town) (State or country) ---

MOTHER

15. MAIDEN NAME Mary Hooper

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Lillian B. Lynch

(Address) 309 E. 30th. St.

18. BURIAL, CREMATION, OR REMOVAL

Place All Faith Cemy. St. Marys Co. Date 1/17/37 19

19. UNDERTAKER John O. Mitchell Sons

(Address) 1900 Eutaw Place

Huntington Williams

(Signature)

JAN 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/15/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 21 to Jan 16 ..... 19 37

I last saw him alive on Jan 14 ..... 19 37 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular hypertension	?
Other contributory causes of importance: Cerebral thrombosis (hemiplegia)	Jan 6 '37

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical observation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Dorsey Brittle M. D.

(Address) 2435 Maryland Ave.

20317

F 31241

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31241

CERTIFICATE OF DEATH

82-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME William J. Adams

If U. S. Veteran specify WAR

(a) Residence: No. 535 W. Hamburg St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence E Adams.

6. DATE OF BIRTH (month, day, year) 12-25-1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0021

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

FATHER

13. NAME Andrew J. Adams.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Louisa Smith.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Jan 18 1937

19. UNDERTAKER E. Sidney Thomas & Son

(Address) 1032 Hanover St

FILED JAN 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-15-1937

22. I HEREBY CERTIFY, That I attended deceased from 1-14-1937 to 1-15-1937

I last saw him alive on 1-15-1937 Death is said to have occurred on the date stated above, at 4:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8 days
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospitals

31243

F 31243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2488 Wolfe St. 2-W Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Barbara Martinek

(a) Residence: No. 2488 Wolfe St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Martinek

6. DATE OF BIRTH (month, day, year) Dec 6 - 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Retina

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT James Martinek Son
(Address) 2607 Cleaver St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Date Jan 18. 1937

19. UNDERTAKER Filby & Zeiler Inc
(Address) 413 N Howard St

JAN 16 1937 19.. [illegible] Filby

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15 . 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1 . 1936 to Jan 15 . 1937

I last saw h.. alive on Jan 15 . 1937 Death is said to have occurred on the date stated above, at 4/45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	?
Other contributory causes of importance:	
Diabetes	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of No

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

25. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) John L. Galpert M. D.
(Address) 16 S. Broadway

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 31242 B 31242

CERTIFICATE OF DEATH

1. PLACE OF DEATH Penn. R.R. Curve about Edmondson Ave bridge #207 E

Registered No. .....

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 19-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin Jones If U. S. Veteran specify WAR .....

(a) Residence: No. 297 N. Stricker St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Jones

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	about 68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2050

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) S.C.

FATHER

13. NAME Benjamin Jones

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Wilkerson

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Agnes Jones

(Address) 297 N. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Zion Date Jan 16, 1937

19. UNDERTAKER Joseph A. Lizik

(Address) 1609 N. Mount St.

20. FILED ..... 19 .....

JAN 16 1937

OCCUPATION is very important. See instructions on back of certificate.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to ..... death on the day stated above. 8:30 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Injured by Passenger Train	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Acc. Date of injury Jan 9, 1937

Where did injury occur? Penn. R.R. track
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place R.R. Curve about Edmondson Ave

Manner of injury Injured by Ground Speed

Nature of injury Walking across track

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Dan Claraner M. D.
Coroner

(Address) 215 Hanover

323377

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31244 — CERTIFICATE OF DEATH — F 31244

82-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. 1 St., E. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Elijah Parker

if U.S. Veteran specify WAR

(a) Residence: No. 31/2 Brentwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) — 1867

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
71 70?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry Parker

14. BIRTHPLACE (city or town) (State or country) U S -

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) U S -

17. INFORMANT Records -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 1/18 19 37

19. UNDERTAKER Thomas E. Nelson
(Address) 1305 Presstman St.

20. FILED JAN 16 1937 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1937 to Jan 14, 1937

I last saw him alive on Jan 14, 1937. Death is said to have occurred on the date stated above, at 3:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Hypertension (Senile)	-
B. Prostatic Hypertrophy	1930
Acute And Chronic Retention (Cong)	1937 Jan
Cerebral accident - right side	

Other contributory causes of importance (not related)

Dehydration -

Bronchopneumonia

Was an operation performed? - Date of -

For what disease or injury? -

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Gray Watson, M. D.

(Address) Johns Hopkins Hospital

#19983 F 31245

31245

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Evelyn Thornton

(a) Residence: No. 540 St. Mary St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Herbert Thornton

6. DATE OF BIRTH (month, day, year) 1/29/15

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
21	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George Johnson

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Louise Johnson

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1/18 37 19

19. UNDERTAKER Thomas E. Kelson

(Address) 130 S Greenmount St

20. FILED ... 19... (Registrar.)

JAN 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-14 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-4 1937 to 1-14 1937

I last saw her alive on 1-14 1937 Death is said to have occurred on the date stated above, at 11:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hypertensive Cardio-Vascular Renal Disease with uremia	At time 1 yr.
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Kenny M. D.

(Address) Baltimore City Hospitals

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS

VS 3

31246

HEALTH DEPARTMENT—CITY OF BALTIMORE

31246

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME DR WARREN DANIEL MILLER

(a) Residence: No. 160 W. WASHINGTON St., Ward. HAGARSTOWN MD

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

3a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Mrs Warren D. Miller

6. DATE OF BIRTH (month, day, year) Nov 24 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Doctor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. medicine 0054

10. Date deceased last worked at this occupation (month, day, year) August 26/36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Mr. George G. Miller

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Miss Elizabeth McCormick

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs Warren D Miller

(Address) Hagerstown, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Hagerstown Md Date Jan 19 , 1937

19. UNDERTAKER C. M. Sater & Sons

(Address) Hagerstown Md

16 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/4, 1936, to 1/16, 1937

I last saw him alive on 1/16, 1937 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA TRANSVERSE COLON - WITH PERFORATION OF COLON AND TERMINAL	July 1936
Other contributory causes of importance: PERITONITIS	

Was an operation performed? yes Date of 12/8/36 2/21/36 1/12/37

For what disease or injury? EXPLORATORY OPERATIONS

What test confirmed diagnosis? operation Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Leslie Fleming, M. D.

(Address) Union Mem. Hosp.

F 31247

31247 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH X ✓ 194-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jackson Grove

If U.S. Veteran specify WAR .....

(a) Residence: No. Mountain Lake Park, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Baby

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 27, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	1 8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mountain Lake Park, Maryland

FATHER

13. NAME Carson B. Grove

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Pearl Tresshman

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oakland, Md. Date 1/18 19 37

19. UNDERTAKER C. Vernon Lepamon
(Address) 4611 Park Heights.

20. FILED ..... 19 ..... Huntington Williams, M.D.

JAN 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/15/37

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 - 1937 to 1-15-37 19 ..... I last saw him alive on 1-15- 1937. Death is said to have occurred on the date stated above, at 6-30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	12-15-37

Other contributory causes of importance:
Foreign body in lung
multiple abscesses of lung

Was an operation performed? yes Date of 1-4-37

For what disease or injury? Extraction of foreign body

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lawrence A. Mills M. D.

(Address) Mercy Hospital.

(Original)

F 31248

31248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 322- N. Stricker St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. A. Smith

(a) Residence: No. 322- N. Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Negro	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Smith

6. DATE OF BIRTH (month, day, year) Sept 13/75

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 5018

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md

FATHER

13. NAME James Smith

14. BIRTHPLACE (city or town) (State or country) Annapolis Md

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Annapolis Md

17. INFORMANT Mary Smith
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Jan 16, 1937

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 E. Saratoga St.

1 6 1937 Huntington Williams, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1936 to Jan 14, 1937

I last saw h alive on Jan 18, 1937 Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Dec 15 — 1 Yr

Other contributory causes of importance: Nephritis — 2

Was an operation performed? Date of

For what disease or injury?

Name of operator Physician Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. H. Jenkins M. D.

(Address) 1031 Whitelock

F 31249

31249 **HEALTH DEPARTMENT—CITY OF BALTIMORE** #20183

CERTIFICATE OF DEATH ✓ 349-108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 1-32 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

life

If U. S. Veteran specify WAR .....

2. FULL NAME Matilda Jackson Briscoe

(a) Residence: No. 754 W. Mulberry St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married (sep.)

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Willie Briscoe

6. DATE OF BIRTH (month, day, year) 12/17/01

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35	-	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Lewis Jackson

14. BIRTHPLACE (city or town) Va.
(State or country)

MOTHER

15. MAIDEN NAME Sophie Hawkins

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Jan 18, 1937

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St.

1-16 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-9, 1937 to 1-14, 1937

I last saw her alive on 1-14, 1937 Death is said to have occurred on the date stated above, at 12³⁰ A.m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset to death
Lobar Pneumonia	
	Over

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Yes

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hosp.

F 31250

31250 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

82-a

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 784 W Mulberry St. 17-3 Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME John Wesley Jordan

(a) Residence No. 784 W Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 10, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mulberry Co. Va

FATHER

13. NAME George Jordan

14. BIRTHPLACE (city or town) (State or country) Norfolk Va

MOTHER

15. MAIDEN NAME Anne Lakley

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Rebecca Jordan

(Address) 784 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Veterans Park Va Date Jan 17, 1937

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St.

Jan 16 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) Jan 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1937 to Jan 14 1937

I last saw him alive on Jan 14 6 P 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset Jan 7 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, (Signed) H. Tolley M. D.

(Address) 1937 Jan

Spec.—1-30—M. & T.—250 Bks.

F 31251

F 31251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-a

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 498 Brunswick ST. 26-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Eschrich

(a) RESIDENCE NO. 498 Brunswick ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	—

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 20, 1936

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
—	—	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER George J. Eschrich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Frances E. McDermott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant George J. Eschrich (Address) 498 Brunswick St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16-37

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1937 to Jan 16, 1937.

that I last saw h[illegible] alive on Jan 16, 1937.

and that death occurred, on the date stated above, at 2 15-9 m.

The CAUSE OF DEATH* was as follows:

Acute naso-pharyngitis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia ?

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) F. T. Kyser M. D.

(Address) 3321 Federal Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery

DATE OF BURIAL Jan. 16 1937

20 UNDERTAKER Charles W. Dill

ADDRESS 3109 Fredk. Ave

F 31252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. E-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marie McCoy

If U.S. Veteran specify WAR .....

(a) Residence: No. 1133 Parrish St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

6A. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 11/5/36

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Albert McCoy

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Mary Waters

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1/16/37

19. UNDERTAKER Thomas E Nelson

(Address) 1305 Pennsylvania Ave

20. FILED JAN 16 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1937 to Jan 15, 1937

I last saw her alive on Jan 15, 1937 Death is said to have occurred on the date stated above, at 9:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Bronchial Pneumonia - primary.	Jan 3rd
Other contributory causes of importance:	
2 Otitis media.	? Jan 7th

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Lydia B Edwards, M. D.

(Address) Wolfe 5500.

M. D. B 1268-9

F 31253

F 31253 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore Ear, Eye & Nose (Dead on Arrival) Registered No.

CITY OF BALTIMORE: (No. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James L. Mercer If U. S. Veteran specify WAR

(a) Residence: No. 418 N. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John M. Mercer

6. DATE OF BIRTH (month, day, year) Nov 24 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md

FATHER

13. NAME John N Eyler

14. BIRTHPLACE (city or town) (State or country) Frederick Md

MOTHER

15. MAIDEN NAME Mary E Whitmore

16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT John M. Mercer (Address) 418 N Mulberry St

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cem Place Frederick, Md. Date 1/18/ 1937

19. UNDERTAKER John F. Ward & Son (Address) 1911 Eastern Ave

1/6 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/15/ 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/15/ 1937

Where did injury occur? Eutaw & Lanvale (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by automobile while

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? (Yes or no, specify)

(Signed) Hilliard Bayley Coroner M. D.

(Address) 147 N. Eutaw St

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

F 31254

31254 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Franklin Square Hospital

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... St 16-1 Ward)

2. FULL NAME Joseph Joy

(a) RESIDENCE No. 864 W. Fayette St St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of Pauline Joy.

6 DATE OF BIRTH (month, day, and year) Sept 27th 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer — dead

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Leonardtown. Md.

PARENTS

10 NAME OF FATHER John M Joy.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Leonardtown Md

12 MAIDEN NAME OF MOTHER Mahoney.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Leonardtown, Md

14 Informant Mrs. Joseph P. Joy
(Address) 610 W. Lexington St.

15 Filed 1/16 1937 19 Huntington [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/16/37

17

I HEREBY CERTIFY, That I attended deceased from 1/14, 1937, to 1/16, 1937

that I last saw him alive on 1/16, 1937

and that death occurred, on the date stated above, at 3:15 A m.

The CAUSE OF DEATH* was as follows:

Uremia. Chronic interstitial nephritis.

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio sclerotic cardio vascular disease - Cerebral stroke.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Blood chemistry

(Signed) O. T. Battaglia M. D.

1937 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Cem Morganza Md. St Mary's Cem

UNDERTAKER John F. Lewis & Son.

DATE OF BURIAL 1/19 1937

ADDRESS Govanstown

ION is very important. See instructions on back of certificate.

F 31255

31255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 n Dallas St., 7-S Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lena Louisa Manuel

(a) Residence: No. 517 n Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm n Manuel

6. DATE OF BIRTH (month, day, year) May 3 1892

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
99	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel County Md

FATHER

13. NAME Aaron Johnson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Caroline Richardson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Petunia Manuel
(Address) 1209 Laurens

18. BURIAL, CREMATION, OR REMOVAL
Place Mayatty a Ale Date Jan 17 1937

19. UNDERTAKER Mat E Mullins
(Address) 1615 McElderry St

20. [illegible] 29 [illegible] Registrar.

JAN 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-14 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-1 1936 to 1-14 1937

I last saw h alive on 1-14 1937 Death is said to have occurred on the date stated above, at 5:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	1/14
Essential Hypertension	
Other contributory causes of importance: Arteriosclerosis	12/1/36

Was an operation performed? — Date of —

For what disease or injury? —

What test confirmed diagnosis? History & Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Geo E Allen M. D.

(Address) 502 Linganore St

31256 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 31256

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1631 McElderry St., 9-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. 1-6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elsie Campbell

(a) Residence: No. 1631 McElderry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/9/22

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto
(State or country) Md

FATHER

13. NAME Benj. Campbell

14. BIRTHPLACE (city or town) Westmoreland
(State or country) Co Va

MOTHER

15. MAIDEN NAME Thelma Austin

16. BIRTHPLACE (city or town) Blackstone
(State or country) Va

17. INFORMANT Mrs. Thelma Campbell
(Address) 1631 McElderry St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Jan 17, 19 37

19. UNDERTAKER Robert McWilliams
(Address) 1515 McElderry St

20. Filed ..... 19.....
Registrar.

N 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/15, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/4, 1936 to 1/15, 1937

I last saw her alive on 1/13, 1937 Death is said to have occurred on the date stated above, at 3.15 m. p.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary	
Tuberculosis	9/36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Roger Brown M. D.
(Address) 1500 E. Madison St

M. D. B. 1268-9

F 31257

HEALTH DEPARTMENT—CITY OF BALTIMORE

31257

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 Brewer St. 17-W Ward)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Julia Baynes

(a) Residence: No. 1115 Brehms St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0-37 Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince George Co

MOTHER FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Lilly L. Mehlgarten (Address) 1251 Maryland Ave

18. [illegible] Date 1/18 37 19

Place [illegible]

19. UNDERTAKER Wm A Jackson (Address) 916 Penna Ave

N 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15 1937

22. I HEREBY CERTIFY, That I attended deceased from June 8 1936 to Jan 15 1937

I last saw h[illegible] alive on Jan 15 1937 Death is said to have occurred on the date stated above, at 2.00 P. M.

The principal cause of death and related causes of importance were as follows:

Pneumonia - Influenza

Date of onset

Other contributory causes of importance:

Name of operation — Date of — 10

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ward E. Adams M. D.

(Address) 627 Eutaw Pl.

OCCUPATION is very important. See instructions on back of blank.

Lillie A Neu

F 31258

F 31258 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 46-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U. M. Hospitals 12 W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 mo 2 How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Richard A. Neu

(a) Residence: No. Aberdeen, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard A. Neu

6. DATE OF BIRTH (month, day, year) Sept 7 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housemaid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry L. Arthur

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ettie L. Wells.

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Richard A. Neu (Address) Aberdeen Md

18. BURIAL, CREMATION, OR REMOVAL Place Baker Cem Date Jan 8 37

19. UNDERTAKER Heaps Farling & Jones (Address) Aberdeen Md

FILED JAN 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/16 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/5/36 19 to 1/16 1937

I last saw her alive on 1/16 1937 Death is said to have occurred on the date stated above, at 3:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum with metastases	1935?
Other contributory causes of importance:	

Was an operation performed? yes Date of 4/8/36

For what disease or injury? Carcinoma of rectum

What test confirmed diagnosis? Path. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) Robert Oliver M. D.

(Address) Union Memorial Hospital

20218 E 31259

31259

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Logue

If U. S. Veteran specify WAR

(a) Residence: No. 931 N. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irene

6. DATE OF BIRTH (month, day, year) 1876?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60 ?				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William Logue

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Pamela

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date Jan 18, 1937
Laurel Cemetery

19. UNDERTAKER Chas. O. Sloan
(Address) 1426 N. Broadway

20. FILED ... Livingston Mitchell

JAN 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-15, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-11, 1937 to 1-15, 1937

I last saw him alive on 1-15, 1937 Death is said to have occurred on the date stated above, at 10:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5 days
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospital

F 31260

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31260

CERTIFICATE OF DEATH

92-a

Registered No. 9-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2763 Fenwick av St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jose (Gregorio) Di Bartolomeo If U. S. Veteran specify WAR

(a) Residence: No. 2763 Fenwick av St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Bartolomeo

6. DATE OF BIRTH (month, day, year) June 24, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired (Boss)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Makes

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 654

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Anna Bruzzese Daughter (Address) 2763 Fenwick av

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 1/19/37 19

19. UNDERTAKER Leonard J Ruch (Address) 5308 Belair Rd

DATE JAN 17 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 15, 1936, to January 15, 1937

I last saw him alive on January 15, 1937 Death is said to have occurred on the date stated above, at 5 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Mitral Regurgitation (Decompensated)	3 mo
Other contributory causes of importance:	
Hypertension	1 day

Was an operation performed? No Date of

For what disease or injury? —

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. F A Stevens M. D.

(Address) 2878 Harford Rd

Offer

F 31261 HEALTH DEPARTMENT—CITY OF BALTIMORE 63261

CERTIFICATE OF DEATH

Registered No. 126

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5505 Richard St., 27th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR ...

2. FULL NAME Catherina H. Offer

(a) Residence: No. 5505 Richard St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fm	W	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John W. Offer

6. DATE OF BIRTH (month, day, year) April 30-1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Michael Heinsohen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorthea Mann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lucille C. Klingthope

(Address) 5505 Richard St

18. BURIAL, CREMATION, OR REMOVAL

Bonnemeyer Cem Date 1-15 1937

19. UNDERTAKER Leonard J. Myers

(Address) 5505 Hartford Rd

20. FILED JAN 17 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/15/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 . 1936 to 1/15/37 . 19

I last saw h alive on 1/15/37 Death is said to have occurred on the date stated above, at 5:12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholelithiasis (Common Duct).	
Cardiac Sclerosis	
Other contributory causes of importance: Hypostatic Pneumonia	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Kyle W. Kelly M. D.

(Address) 5703 Harford Rd

F 31262

F 31262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 Folsom St. 34-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John B. Thomas

If U. S. Veteran specify WAR .....

(a) Residence: No. 419 Folsom St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wilhelmina ~~Lord~~ Abbott

6. DATE OF BIRTH (month, day, year): Aug 29. 1862

7. AGE: Years 74 | Months 4 | Days 16 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Engineer Ship Yard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Dorchester Co. Md

FATHER

13. NAME: Wm. H. Thomas

14. BIRTHPLACE (city or town) (State or country): Dorchester Co. Md.

MOTHER

15. MAIDEN NAME: Susan E. Wright

16. BIRTHPLACE (city or town) (State or country): Dorchester Co., Md.

17. INFORMANT: Mrs. Jno. B. Thomas (Address) 419 Folsom St.

18. BURIAL, CREMATION, OR REMOVAL: Place Cedar Hill Date Jan 18 1937

19. UNDERTAKER: Margaret E. Flynn (Address) 2107 N. Hilton St.

Filed ... 19... Registrar.

1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 21 1936 to Jan 15 1937

that I last saw him alive on Jan 15 1937. Death is said to have occurred on the date stated above, at 10.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	4 mo

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) C. M. Mellor M. D.

(Address) 1229 William St

M. D. B 1268-9

F 31263

31263 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

115-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Emerg. Hospital Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Helene G. Fink

(a) Residence: No. 2202 N. Whittier Ave. St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 2 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Harry Fink

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Flora Herbst

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Harry Fink - Father
(Address) 2202 N Whittier Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Herring Run Date 1-17-37

19. UNDERTAKER Jack Yeuse Inc.
(Address) 1439 E. Baltimore St

[illegible] 19 .....
Registrar.

N 17931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-15-37. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
to ..... death on the day stated above. 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic Sore throat,	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Adam Carney M. D.
Coroner

(Address) 215 Hanover

OCCUPATION is very important. See instructions on back of certificate.

31264

F 31264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 209-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hos. St. 26-12 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Anderson

(a) Residence: No. Oak Rd. Lodge Prct. Balt Co Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha

6. DATE OF BIRTH (month, day, year) April 4 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Heater-Tin mill

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Finland

FATHER

13. NAME August

14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs Martha Anderson

(Address) Oak Rd. Sparrows Pt. P.O. Md

18. BURIAL, CREMATION, OR REMOVAL

Place Oak. Lawn Date Jan. 17 1937

19. UNDERTAKER Henry Eade & Sons Inc

(Address) Baltimore St & Broadway

20. FILED Jan 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral concussion;	
laceration of buttock;	
& shock.	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Jan 12 1937

Where did injury occur? Balto Co. Maryland (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Balto Transit Co. at Loy (R.R. Track

Manner of injury Struck by street car

Nature of injury Cerebral Concussion etc

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ...

(Signed) ... M. D.

(Address) 1010 S. Ellwood Ave

JAN 17 1937

OCCUPATION IS very important. See instructions on back of certificate.

31265 F 31265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 134

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. - Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Mrs. Elmer Klimper.

(a) Residence: No. Texas Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) Mar 07, 1888

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
48	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. P. R. (1. Crossing Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1673

10. Date deceased last worked at this occupation (month and year) Jan. 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chestnut Ridge Balto Co, Md

FATHER

13. NAME John Klimper.

14. BIRTHPLACE (city or town) (State or country) Chestnut Ridge Balto Co. Md.

MOTHER

15. MAIDEN NAME Fannie Segal

16. BIRTHPLACE (city or town) (State or country) Chestnut Ridge Balto Co. Md.

17. INFORMANT (Address) Edgar Klimper Texas, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Chestnut Ridge Date Jan. 19, 1937

19. UNDERTAKER (Address) Wm. C. Brooks & Son Sparks, Md.

20. FILED JAN 17 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1 - 9 - 1937 to 1 - 16 - 1937

I last saw him alive on 1 - 16 - 1937 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral pyonephrosis -	
Uremia,	

Other contributory causes of importance:

Renal calculus -
Kidney stone.

Was an operation performed? — Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify .....

(Signed) Edward J. Cotter. M. D.

(Address) University Hospital.

sil 6112 T. 31266
" 5723 332
4736 - "

31266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3140 Wilkins Ave St. or Ward 90-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Dolores Brown

(a) Residence: No. 3140 Wilkins Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Aug 25th 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Clarence J. Brown

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Alice Walsh

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs Jennie Walsh
(Address) 809 Kenetta Ave

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 1/18/37 19

19. UNDERTAKER Theo. Weber & Son
(Address) 2503 Edmondson Ave

20. FILED 19 Registrar.

N 17 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 | 16 | 37 , 19

22. I HEREBY CERTIFY, That I attended deceased from June 11 19 37 to Jan 16 19 37

I last saw her alive on Jan 16 19 37 Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute naso-pharyngitis	1 week
Other contributory causes of importance:	
Bronchio-pneumonia	1 day

Was an operation performed? no Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of

What test confirmed diagnosis? Cl Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) F. T. Lyell M. D.

(Address) 3321 Fleet Ave

F 31267

F 31267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Union Memorial Hosp. Registered No.

CITY OF BALTIMORE: (No. 2 St., 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mc Marion Stanley Mc Comas

(a) Residence: No. Bel Air Md St., Ward. Bel Air, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie A McComas

6. DATE OF BIRTH (month, day, year) Nov 12-1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber T 0045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Builders Hardware

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME Alex McComas

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Anne E Cairnes

16. BIRTHPLACE (city or town) (State or country) Jarrettsville Md

17. INFORMANT Chas McComas

(Address) Bel Air Md

18. BURIAL, CREMATION, OR REMOVAL

Place Bethel Date Jany 20 1937

19. UNDERTAKER Dean & Lalor

(Address) Bel Air Md

20. FILED JAN 17 1937 Harrington Williams, R.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 . 1937 . to Jan 17 . 1937

I last saw him alive on Jan 17 . 1937. Death is said to have occurred on the date stated above, at 11 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured left coronary artery c Hemopericardium	1-13-37
Diabetes	1936

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — . 19 ....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, [illegible]

(Signed) R. H. Hollins M. D.

(Address) Union Memorial Hospital

Armin Auer

F 31268

31268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. Ward) 8-6

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Armin Auer

If U.S. Vet specify WA No Record

(a) Residence: No. 2030 E. Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Auer.

6. DATE OF BIRTH (month, day, year) Sept 27 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lodge Insulator Co

10. Date deceased last worked at this occupation (month and year) 12/31/36

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William Auer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. Barbara Kurrelmeyer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Herbert W. Auer

(Address) 4619 Minnesota Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Jan 19 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

N 13 1937 [illegible] Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/16 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-4-1937, to 1-16-1937

I last saw him alive on 1-16-1937 Death is said to have occurred on the date stated above, at 9 00 A m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Inter abdominal Hemorrhage. 1937

Other contributory causes of importance:

Hypostatic Pneumonia. 1937

Partial obstruction.

Was an operation performed? Yes Date of 1-9-37

For what disease or injury? Inter abdominal Hemorrhage.

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Francis Williams M.D.

(Address) Maryland General Hospital

F 31269

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 31269

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2814 E. Chase St. 5-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret S. Malcolm

(a) Residence: No. 2814 E. Chase St., ... Ward. War No Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: ~~Male~~ Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of: James Malcolm

6. DATE OF BIRTH (month, day, year): Nov 29th 1862

7. AGE: Years 74 | Months 1 | Days 16 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): 1930

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Michigan

FATHER

13. NAME: John Jeffrey

14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER

15. MAIDEN NAME: Jeanette Shields

16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT: Anna A. Kuhns

(Address) 2814 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL

Place: Balto Date: Jan. 18th 1937

19. UNDERTAKER: Wm Rast

(Address) 1217 St Paul St

20. FILED ... 19... Registrar.

N 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 15th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8 1937 to Jan 15 1937

I last saw her alive on Jan 15 1937 Death is said to have occurred on the date stated above, at 7:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Jan 8 1937
Hemiplegia (Cerebral Hemorrhage)	1932

Other contributory causes of importance:

Name of operation: none Date of

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify ✓

(Signed) Joseph Pokoruy M. D.

(Address) 2200 E Madison St

OCCUPATION is very important. See instructions on back of card.

270

HEALTH DEPARTMENT—CITY OF BALTIMORE

31270

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 Russell St., 21-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. 6 mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah Frances Meredith

(a) Residence: No. 1118 Russell St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Perry Meredith

6. DATE OF BIRTH (month, day, year) July 4 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Carey

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Lottie Johnson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Flora Lomax

(Address) 1118 Russell St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Date Jan 18th 1937

19. UNDERTAKER Elroy C. Welch

(Address) 1000 Brantley Ave

JAN 18 1937 Huntington Avenue, Md

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15th 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 29 1936 to Jan 15th 1937

I last saw h.r alive on Jan 14th 1937 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	?
Other contributory causes of importance:	
myocarditis	?

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) D H Carroll M. D.

(Address) 109 W Hill St

F 31271

31271 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

V 108

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 Radnor St. 27-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sophia Cohen

If U.S Veteran specify WAR ....

(a) Residence: No. 507 Radnor Ave St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or race White

5. Single, Married, Widowed, or Divorced (write the word) Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theodore Cohen

6. DATE OF BIRTH (month, day, year) Jul 31, 1850

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
86	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Dont know

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) ~~Germany~~

17. INFORMANT Mrs Minnie Walters

(Address) 507 Radnor Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Staunton Va Date Jan 17, 1937

19. UNDERTAKER John Ulrich

(Address) 2005 Orleans

20. FILED Jan 18 1937 Huntington Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1937 to Jan 16, 1937

I last saw her alive on Jan 16, 1936 Death is said to have occurred on the date stated above, at 10-0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	Jan.
Type Unknown	14
	1937
Other contributory causes of importance:	
Senility	

Was an operation performed? No Date of .....

For what disease or injury? No

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel T. Helms M. D.

(Address) 305 Wardover Rd.

JAN 18 1937

F 31272

31272

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. 23-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1042 S. Sharp St. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. 2 mos. 18 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Carrie Dennard.(c)

(a) Residence: No. 1042 S. Sharp St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter H. Dennard.

6. DATE OF BIRTH (month, day, year) October 28, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Edward Marshall.(c)

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Alverta Griffin.(c)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Walter H. Dennard.(husband)

(Address) 1042 S. Sharp St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Jan 18 1937

19. UNDERTAKER Wolfe & Sprague

(Address) 13[illegible] Baltimore St

20. [illegible] Registrar

No 9 1937 Eastern Avenue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 15, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Hemiplegia.	
Coronary Thrombosis.	

Other contributory causes of importance: Unk.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto M Reinhardt Coroner M. D.

1/16/37 (Address) 1017 S. Charles St

OCCUPATION is very important. See instructions on back of certificate.

31273

HEALTH DEPARTMENT—CITY OF BALTIMORE

31273

CERTIFICATE OF DEATH

34-95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David H. Jones

(a) Residence: No. 1011 S. Ellwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jane Wynne Jones

6. DATE OF BIRTH (month, day, year) Feb 16-1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Doctor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wales

FATHER

13. NAME John Jones

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Mary Reis

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Mrs Jane W. Jones
(Address) 1011 S. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date 1/20 19 37

19. UNDERTAKER Chas R Roud & Son
(Address) 1115 Monroe Ave

20. FILED 19 Registrar.

JAN 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-17- 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1936 to Jan. 17, 1937

I last saw him alive on Jan 17, 1937 Death is said to have occurred on the date stated above, at 12 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart disease with decompensation	1915

Other contributory causes of importance:

Syphilis
Cardiac asthma

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.

(Signed) Frank R Stephenson M. D.

(Address)

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31274 F 31274

31274

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 Light St. Ward) 24-4

Length of residence in city or town where death occurred 60 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hester E Small

(a) Residence: No. 1523 Light St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George R. Small

6. DATE OF BIRTH (month, day, year) Nov. 26, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Queen Anne's Md

FATHER

13. NAME William Haley

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Martha E McElroy

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Martha Hall 1523 Light St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date Jan 18, 1937

19. UNDERTAKER (Address) A. Howard Evans 1405-07 E Lexington St

JAN 18 1937

Lexington Funeral Home, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from June, 1934, to Jan. 15, 1937.

I last saw him alive on Jan. 15, 1937. Death is said to have occurred on the date stated above, at 1:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-14-37
Other contributory causes of importance: Myocarditis	V
Arteriosclerosis Chronic Diabetes	V

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter Kohn, M. D.

(Address) 102 E Fort Ave

M. D. B. 1268-9

31275 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31275

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Rayner Ave & Dukeland St. 24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Mannev

(a) Residence: No. 15 - E. Barney St., ... Ward. U. S. A. W. V.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ... Enja

6. DATE OF BIRTH (month, day, year) Oct 17, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Paul A. Manner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Phillipina Bright

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Edwards
(Address) 15 E. Barney St

18. BURIAL, CREMATION, OR REMOVAL
Place Rest Lawn Date Jan 18, 1937

19. UNDERTAKER A. Howard Edwards
(Address) 1500 Edmondson Ave

FILED JAN 18 1937, 19... Huntington Williams, Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 11th, 1937, to Jan 15th, 1937.

I last saw him alive on Jan 15th, 1937. Death is said to have occurred on the date stated above, at 6:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	1-9-37
Arteriosclerotic cardio-vascular renal disease	?
Cardiac decompensation.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Paul A. Mannev M. D.

(Address) West Balto. Gen. Hosp.

20328

F 31276 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 31276

CERTIFICATE OF DEATH

23

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 23-36 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....da. How long in U. S. If of foreign birth?.....yrs.....mos.....da.

If U. S. Veteran specify WAR

2. FULL NAME Frances Matusky

(a) Residence: No. 1411 ~~1211~~ Light St. St., ...Ward.....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-10-1897

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
39	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work do. e.g. as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Emrich

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Amelia Keiser

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date Jan 19 1937

19. UNDERTAKER A. Bonifant & Sons
(Address) Funeral Directors

20. FILED JAN 18 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-14-, 1937 to 1-16, 1937

I last saw h.r alive on 1-16, 1937 Death is said to have occurred on the date stated above, at 2.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2 yrs.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leo M. Curtis M. D.

(Address) B. C. H.

31277 HEALTH DEPARTMENT—CITY OF BALTIMORE 31277

CERTIFICATE OF DEATH

46-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital St. ..... (Ward) 8-7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR None

2. FULL NAME George W. Merrick

(a) Residence: No. 1225 N. Washington St. St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Merrick

6. DATE OF BIRTH (month, day, year) 5-2-1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0050

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George W. Merrick

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Eliza. M. Rowe

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balt. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore MD Date Jan 21 1937

19. UNDERTAKER St. Ludwigs Sons

(Address) 22 Northern Pkwy

20. FILED JAN 18 1937 Registrar Baltimore MD

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-15 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-10 1937 to 1-15 1937

I last saw him alive on 1-15 1937 Death is said to have occurred on the date stated above, at 3.50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	?
Other contributory causes of importance: Intestinal obstruction	1 week

Was an operation performed? yes Date of 1-12-37

For what disease or injury? Adenocarcinoma of Colon.

Name of operation Caecostomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. H. Hoover M. D.

(Address) Balt. City Hosp.

F 31278

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31278

CERTIFICATE OF DEATH

V 93-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2113 Homewood Ave. St., 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth M. Edberg

If U.S. Veteran specify WAR

(a) Residence: No. 2113 Homewood Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles A. Edberg

6. DATE OF BIRTH (month, day, year) March 15, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Seifer

16. BIRTHPLACE (city or town) (State or country) Byron Germany

17. INFORMANT Mr. Charles Edberg

(Address) 2113 Homewood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Jan. 18, 1937

19. UNDERTAKER Wm. J. Dietzen & Sons

(Address) Pratt & Paca Sts

N 18 1937 ... Eastern Vital ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22 1936, to Jan 15, 1937

I last saw her alive on Jan 13 1937. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	6 yrs.
Other contributory causes of importance: Edema Lungs	18 hours

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury X ... 19 ...

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? If so, specify X

(Signed) James C. Clarke M. D.

1-16-37 (Address) Freeman Apt. 34 Charles St

F 31279

F 31279 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3015 St. Paul St. Ward 17-V)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ann Bethell Sargent

If U.S. Veteran specify WAR .....

(a) Residence: No. 3015 St. Paul St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 28, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Charles S. Sargent.

14. BIRTHPLACE (city or town) (State or country) Oregon

MOTHER

15. MAIDEN NAME Margaret Boyle

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. Charles S. Sargent

(Address) 3015 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Jan. 18 1937

19. UNDERTAKER Wm. J. Bethell Sons

(Address) North & Arcadia

20. FILED JAN 18 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16. 1937

22. I HEREBY CERTIFY, That I attended deceased from October 1936. to January 16th 1937.

I last saw her alive on January 16th 1937. Death is said to have occurred on the date stated above, at 7.40 A.m.

The principal cause of death and related causes of importance were as follows:

Sarcoma of the brain

Date of onset

Other contributory causes of importance:

Was an operation performed? Yes Date of .....

For what disease or injury? Sarcoma of brain

What test confirmed diagnosis? Symptoms. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Milton White, M. D.

(Address) 3005 St. Paul St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1280 — CERTIFICATE OF DEATH — 1975 — F 31280

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 17-1 Ward)

Registered No. 48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pauline Paul

If U. S. Veteran specify WAR

(a) Residence: No. 716 Wilmer Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Color	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Paul

6. DATE OF BIRTH (month, day, year) 2-9-1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year) 1-07

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Thomas Griffin

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Alice Turner

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

18. BURIAL, CREMATION, OR REMOVAL

Place Loudoun County Date Jan 21 1937

19. UNDERTAKER Adolph Halstad

(Address) [illegible]

JAN 18 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-14 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-25 1936 to 1-14 1937

I last saw h[illegible] alive on 1-14 1937 Death is said to have occurred on the date stated above, at 2 40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	1 hr.
Other contributory causes of importance: Angina	6 mo.

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.

(Address) Balt. City Hosp.

V8 3

M. D. B 1263-9

31281

F 31281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 163

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Armistead Hotel (St.) 6-A (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Abraham Flom

If U. S. Veteran specify WAR .....

(a) Residence: No. 1914 E. Baltimore St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Bessie

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morris

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME T. Schwartz

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Dr. Charles Flom

(Address) 3215 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL Rosedale

Date 1-18-37, 19

19. UNDERTAKER Geo. Louis Lee

(Address) 1439 E. Baltimore St.

20. FILED 1-19-37 Lexington Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Poisoning - Cyanide	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 1/17, 1937

Where did injury occur? Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Armistead Hotel

Manner of injury Took Poison

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edwin B. Wallace, M. D.

(Address) 1031 St Paul St.

31282 F 31282

HEALTH DEPARTMENT—CITY OF BALTIMORE

#20290

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 18-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alex Small

If U. S. Veteran specify WAR

(a) Residence: No. 847 W. Lexington St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl

6. DATE OF BIRTH (month, day, year) 9/7/~~1905~~ 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Oscar

14. BIRTHPLACE (city or town) N. C. (State or country)

MOTHER

15. MAIDEN NAME Jennie Myers

16. BIRTHPLACE (city or town) N. C. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Wilmington N.C. Date Jan. 20 1937

19. UNDERTAKER Saml. W. Bluder & Son (Address) 638 N. Gilmor

20. FILED ..... 19..... Registrar.

JAN 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-16 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-13 1937 to 1-16 1937

I last saw h/M alive on 1-16 1937 Death is said to have occurred on the date stated above, at 1.40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia,	5 days
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospital

31283 E 31283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-J-129

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1915 McCulloh St.) (14-3 Ward)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Pearl M. Brown

(a) Residence: No. 1915 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles T. Brown

6. DATE OF BIRTH (month, day, year) Sept 15, 1909

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
27	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 503

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Greensboro N. C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Chas. T. Brown
(Address) 1915 McCulloh

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Jan. 18, 1937

19. UNDERTAKER Geo. W. Chase & Son
(Address) 638 N. Gilmor

FILED JAN 13 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1937 to Jan 15, 1937

I last saw h— alive on Jan 15, 1937 Death is said to have occurred on the date stated above, at 8:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Abscess & Acute Peritonitis.	
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Luis A. Salmon M. D.

(Address) 2329 Eutaw Pl.

Reg. 3862

F 31284

31284

HEALTH DEPARTMENT—CITY OF BALTIMORE

#17507

CERTIFICATE OF DEATH

34-131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 15-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Spencer

If U. S. Veteran specify WAR

(a) Residence: No. 1322 Gilmore St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 7/25/1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Jerry

14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER

15. MAIDEN NAME Eliza ?

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cem Date 1/19 37

19. UNDERTAKER Thomas E. Kelly
(Address) 1303 Presstman St.

20. FILED 19 Registrar

JAN 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-16 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-28 1936 to 1-16 1937

I last saw h. l.m alive on 1-16 1937 Death is said to have occurred on the date stated above, at 1-40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular Renal Disease	At least 2½ mos.
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John L. Kenney M. D.

(Address) Baltimore City Hospitals

M. PnB 1937 F 31285 Jr. Gurley - Charles S

F 31285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 8 - 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert F. Douglass

If U. S. Veteran specify WAR .....

(a) Residence: No. 639 Hakesley Place St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Douglass

6. DATE OF BIRTH (month, day, year) Oct 7, 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1050

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME James H. Douglass.

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Margaret Tudor

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Robert F Douglass

(Address) 629 - 8th St N.E. Bosk X 6

18. BURIAL, CREMATION, OR REMOVAL

St Mary's Cemetery Date Jan 18 1937

19. UNDERTAKER O'Donnell & Son

(Address) 3615 Orleans Ave

20. FILED JAN 19 1937 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH 6.40 AM

21. DATE OF DEATH (month, day, year) Jan 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull →	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of 1-17-37

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1-14-37

Where did injury occur Broadway near Fayette (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by auto while

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature] M. D. Coroner

(Address) [illegible]

OCCUPATION IS very important. See instructions on back of certificate.

F 31286

31286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-B

1. PLACE OF DEATH 2000 E. Lanvale Street. Registered No.

CITY OF BALTIMORE: (No. 2000 E. Lanvale St., 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lizette Dietz — If U.S. Veteran specify WAR

(a) Residence: No. 2000 E. Lanvale St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) December 17, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Examiner of Shirts

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shirt Factory

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frank Dietz

14. BIRTHPLACE (city or town) (State or country) Bavaria Germany

MOTHER

15. MAIDEN NAME Elizabeth Smith

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Charlotte Schaum

(Address) 2110 Mount Holly Street.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 18, 1937

19. UNDERTAKER Martin F. E. Dippel

(Address) 37 S. Amity St

20. FILED ... 19 ... Registrar

JAN 18 1937

Vol 4537 - No 9240 - No 1195

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 8, 1937, to January 15, 1937

I last saw her alive on January 15, 1937. Death is said to have occurred on the date stated above, at 2:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular disease	?
Other contributory causes of importance:	
Intoxication	1890?
Paget's Disease (Bone)	1930

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Helen G. Maguire, M. D.

(Address) 1445 N. Gay Street

M. D. B. 1933

31287

HEALTH DEPARTMENT—CITY OF BALTIMORE

31287

CERTIFICATE OF DEATH

9-5 ~ 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1343 Homestead St., 9-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Dressel

If U. S. Veteran specify WAR .....

(a) Residence: No. 1343 Homestead St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Elisa Dressel

6. DATE OF BIRTH (month, day, year) Aug. 29, 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Dressel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hutsman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Albert Wolf

(Address) 1343 Homestead St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Mem. Date Jan 20 1937

19. UNDERTAKER Martin W. E. Doppel

(Address) 27 S. Amity St.

JAN 18 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry) to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laceration Scalp	
Fractured Skull	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/16, 1937

Where did injury occur? 1343 Homestead St. Balto, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down cellar steps

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schenthen M. D. Coroner

(Address) 1914 E. North ave

OCCUPATION is very important. See instructions on back of certificate.

39288 Paul Schenker, M.D.

F 31288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH Sinai Hosp

CITY OF BALTIMORE: (No. ..... St. 6-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances Harrigan

If U.S Veteran specify WAR ....

(a) Residence: No. 2320 Orleans St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of John J Harrigan

6. DATE OF BIRTH (month, day, year) Sept 27 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 1937

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Gregory Mayr

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Pauline Pistoria

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John J Harrigan (Address) 2320 Orleans St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Jan 19, 1937

19. UNDERTAKER Martin W. E. Dippel (Address) 37 S. Amm St.

JAN 19 1937 .... 19 .... Registrar. H. Leighton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/16/37. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 . 1937 to Jan 16 . 1937

I last saw h... alive on Jan 16 . 1937 Death is said to have occurred on the date stated above, at 7:05 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	about two years
Metastases to Brain	10

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What was confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Herbert Abramson, M. D.

(Address) Sinai Hosp

Spec 2-1500-2-36 — 1500 Blks.

F 31289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

~~31289~~ 108

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2575 Frederick ave ST., 30-3 WARD)

2-FULL NAME Nettie Bragg

(a) RESIDENCE NO. 2575 Frederick ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE W

5 ~~Single~~, Married, ~~Widowed~~ or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Bragg

6 DATE OF BIRTH (month, day, and year) July 26 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	5	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Warren Pearman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mollie Pearman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant William Bragg
(Address) 2575 Frederick Ave

15 [illegible] 1937 [illegible] Registrar

JAN 13 1937

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-15-1937

17 I HEREBY CERTIFY, That I attended deceased (from Jan 12, 1937, to Jan 15, 1937, that I last saw h e alive on Jan 14, 1937, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Harry Glassman, M. D.

, 19 (Address) 75-3 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem — DATE OF BURIAL Jan 18 19 37

20 UNDERTAKER A. Jones — ADDRESS 1118 S. Gilmor

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. TION is very important.

M. D. B 1268-9

F 31290

F 31290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH 909 Jordan St

CITY OF BALTIMORE: (No. ..... St., 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. 5 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm James Taylor

If U. S. Veteran specify WAR .....

(a) Residence: No. 909 Jordan St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Victoria Taylor

6. DATE OF BIRTH (month, day, year) Feb. 8 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Lewis Taylor

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Magdalene Byrne

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lilla Bernard
(Address) 527 N. Hoffman

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date 1-18-37

19. UNDERTAKER Bernard & Hemsley
(Address) 816 Park Ave

20. Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to ..... death on the day stated above, at about 12 nn

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. Hamm, Coroner M. D.

(Address) 1215 Hanover

V 56 OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

F 31291 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31291

CERTIFICATE OF DEATH. × 131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. St. 19-2 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bentley Crouse

(a) RESIDENCE NO. Franklin Square Hosp. ST. Essex 2nd WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Crouse

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Inspector

(b) General nature of industry, business, or establishment in which employed (or employer) Aircraft Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

PARENTS

10 NAME OF FATHER L.O.W. Crouse

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna.

12 MAIDEN NAME OF MOTHER Sara Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Miss Mitchell Crouse
(Address) 511 to 15 1/2 St Harrisburg Pa

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/18/37

17 I HEREBY CERTIFY, That I attended deceased from 1/12/, 1937, to 1/18/, 1937

that I last saw him alive on 1/18/, 1937

and that death occurred, on the date stated above, at 5:20 A. m.

The CAUSE OF DEATH* was as follows:

Hypertensive cardio-vascular-renal disease

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Abraham A. Levine M. D.

, 19 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL East Harrisburg Cem. Harrisburg Pa. DATE OF BURIAL ... 19...

20 UNDERTAKER Biggs Funeral Home ADDRESS Harrisburg Pa.
E. E. Keegan

1815

TION is very important. See instructions on back of certificate.

F 31292

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 F 31292

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 4 mos. 22 dys. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August Elliott

If U.S. Veteran specify WAR

(a) Residence: No. 1626 Webster St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie G. Elliott

6. DATE OF BIRTH (month, day, year) Aug. 24, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Muni Dairy 0066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Elliott

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Catherine Griebel

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Marie G. Elliott

(Address) 1626 Webster St.,

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan. 18, 1937

19. UNDERTAKER John J. Kenney

(Address) 715 Light St

Filed Jan 18 1937 [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-15, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-7, 1937, to 1-15, 1937

I last saw him alive on 1-15, 1937 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Myocardial failure	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address)

20274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 31293

108 F 31293

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 26-4 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alice Herbert

(a) Residence: No. 3827 Fourth St., Brooklyn, Md. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank J Herbert

6. DATE OF BIRTH (month, day, year) 6-15-1891

7. AGE Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
45	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Stanley Sabalisky

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Josephine

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. Date January 19 1937

19. UNDERTAKER George A. Weber
(Address) 706 Lanvale St

20. FILED JAN 19 1937 H. Livingston Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-15- 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-13 1937 to 1-15- 1937

I last saw h.. alive on 1-15- 1937 Death is said to have occurred on the date stated above, at 8 45 P m.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Lobar Pneumonia	7 days
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Ramey M. D.

(Address) Baltimore City Hospital

F 31294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 31294

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3322 Gwynns Falls Pkway) Ward. .....

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lillian Butler

If U. S. Veteran specify WAR .....

(a) Residence: No. 3322 Gwynns Falls Pkway Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry

6. DATE OF BIRTH (month, day, year) Oct 14, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) about 1930

11. Total time (years) spent in this occupation 1930

12. BIRTHPLACE (city or town) (State or country) New York City

FATHER

13. NAME Charles Armour

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ethel Knoppel

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mr. G. Stevens
(Address)

18. BURIAL, CREMATION, OR REMOVAL Holum Lorraine Date 1-18-37

19. UNDERTAKER Jos. Sepp Sons Inc
(Address) 1760 E. Baltimore St.

20. FILED 1-19-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-18-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/17/37, 19 ..... to 1/18/37, 19 .....

I last saw her alive on 1/17/38, 19 ..... Death is said to have occurred on the date stated above, at 1:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina-pectoris	1/17/37
	about
Other contributory causes of importance: Hypertension	1930
Varicus veinosis	1930

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? typical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, how? .....

(Signed) Walter D Hubbard, M. D.

(Address) .....

31295 E 31295 20092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-1-131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Johnson

(a) Residence: No. 1318 Pennsylvania Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/3/1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? OD-1

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME John

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Cem. Date Jan 20th 1937

19. UNDERTAKER Chas H Alexander
(Address) 1200 N Collins St

FILED JAN 19 1937 19 Registrar

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-17, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-6, 1937 to 1-17, 1937

I last saw him alive on 1-17, 1937 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Renal Disease & uremia	At least 5 mths

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramsey M.D.

(Address) Baltimore City Hosp.

OCCUPATION IS VERY IMPORTANT. See instructions on back of this sheet.

31296 ✓ F 31296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Nolan 59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hosp St., 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary J. Nolan

(a) Residence: No. 1525 N. Wolfe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael J. Nolan

6. DATE OF BIRTH (month, day, year) 5-6-1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John G. Moore

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Laura V. Bessee

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT W. McDonald (Address) 1525 N. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 1-21-1937

19. UNDERTAKER George J. Ruth Inc (Address) 1125 Hollins Ave

20. Filed JAN 13 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1937 to Jan 17, 1937

I last saw her alive on Jan 17, 1937 Death is said to have occurred on the date stated above, at 10 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-15-37

Other contributory causes of importance:

Diabetes
Uremia & Chronic nephritis

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Blood chemistry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank R Stephenson M. D.

(Address)

M. D. F. 1268-9

✓ F 31297

31297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1302 N. Washington St. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Susanna J. Tuttle

(a) Residence: No. 1302 N. Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Tuttle

6. DATE OF BIRTH (month, day, year) Jan 23rd 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	73	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William H. Purdy

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary E Squires

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Charles Tuttle
(Address) 1302 N Washington St

18. BURIAL, CREMATION, OR REMOVAL
Place Morelands Parkhurst Date Jan 19th 1937

19. UNDERTAKER Leo G. Crook
(Address) 1703 N Patterson Park Ave

18 1937 Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1. 16. 1937

22. I HEREBY CERTIFY, That I attended deceased from January 8 = 37 to Jany 16 = 1937

I last saw h. alive on January 15 = 37 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Chronic Bronchitis	13/36.

Name of operation ... Date of ...

What test confirmed diagnosis? Clinicals Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Charles H. A. Meyer M. D.

(Address) 1931 N. Caroline Str.

✓ F 31298

M. H. B. F 31298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 186-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Richard G. Gilbert

(a) Residence: No. ..... St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 21, 1923

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	13	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Lloyd E. Gilbert

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Ethel L. Frey

16. BIRTHPLACE (city or town) (State or country) Balto. City Md.

17. INFORMANT Ethel L. Gilbert
(Address) Howardville Md.

18. BURIAL, CREMATION, OR REMOVAL McOliver Date Jan 19 1937

19. UNDERTAKER R. S. Marshall
(Address) 2539 Falls Road

JAN 19 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16, 1936 . 19

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry) to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of 5&6 Dorsal Vertebra	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Nov. 21, 1936

For what disease or injury? Fracture

Name of operation OpenReduction Nov 21,

What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident. Date of injury Nov. 18, 1936 . 19

Where did injury occur? At Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Howardville Balto. Co. Md.

Manner of injury Fell from Tree

Nature of injury Fracture of 5&6 Dorsal

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ..... M. D.
Coroner

(Address) 2757 W. North

F 31299

31299 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH × 1.61 D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-3 Ward)

Length of residence in city or town where death occurred .....yrs.....mos.....ds. How long in U. S. If of foreign birth? .....yrs.....mos.....ds.

2. FULL NAME Baby Girl Brueckman

(a) Residence: No. 1608 Frederick Rd - Catonsville St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 13, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	—	—	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Edward Brueckman.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

MOTHER

15. MAIDEN NAME Frances Corbett

16. BIRTHPLACE (city or town) (State or country) Troy, New York.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johns Hopkins Med School Date Jan 18, 1937

Commissioner of Health
Per H. A. Moore

19. UNDERTAKER
(Address) 18 1937

Registered

Cremate 2968

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1937 to Jan. 14, 1937

I last saw her alive on Jan. 14, 1937 Death is said to have occurred on the date stated above, at 1:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital hydrops fetalis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? P.M. Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Sidney Lines, M. D.

(Address) Sinai Hospital

31300 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 31300

CERTIFICATE OF DEATH

51-B

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. Registered No.

CITY OF BALTIMORE: (No. St. 12 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James W. Kilby If U.S. Veteran specify WAR P.I.

(a) Residence: No. 301 E. 21st St., Baltimore, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 25, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Construction work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) San Francisco Calif

FATHER

13. NAME John P. Kilby

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Sally Wyatt

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT (Address) Records, U.S. Marine Hospital U.S. Marine Hospital

18. BURIAL, CREMATION, OR REMOVAL Natural Cem Date 1/19 19 37

19. UNDERTAKER (Address) Robert Brook & Son Carlton & Hollins Sts

20. FILED JAN 18 1937 19 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 15 19 37

22. I HEREBY CERTIFY, That I attended deceased from November 19 19 36 to January 15 19 37

I last saw him alive on January 15 19 37. Death is said to have occurred on the date stated above, at 7:14 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma Leiamyc, of bladder	1923
	ave

Other contributory causes of importance:

Was an operation performed? Yes Date of 12-18-36

For what disease or injury? Superpubic Cystotomy

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) K. K. Bryant M. D.

(Address) U.S. Marine Hospital

F 31301 ✓ F 31301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3418 Chestnut Ave St. 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Walter Davis

(a) Residence: No. 3418 Chestnut Ave. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Ayers Davis

6. DATE OF BIRTH (month, day, year) Oct. 3rd, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. funeral director

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Robert Davis

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Sarah J. Slattery

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT (Address) Mrs/ Carrie S. Davis 3418 Chestnut Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Jan. 21, 1937

19. UNDERTAKER Geo. E. Beyer Jr

(Address) 1512 Hollins St.

20. [illegible]

JAN 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1936, to Jan 17, 1937

I last saw h[illegible] alive on Jan 17, 1937 Death is said to have occurred on the date stated above, at 7 38 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cold	
Lobar Pneumonia	Jan 5th
Uremia	
Other contributory causes of importance:	
Tuberculosis	Jan 17/37
Embolism	

Was an operation performed? Date of

For what disease or injury?

Name of operation Thyroid extract Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

Cor.—10-10-29—A Co.—100 Bks.

31302

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31302

CERTIFICATE OF DEATH

23-1 107-a

REGISTERED NO.

1-PLACE OF DEATH

City of Baltimore: (No. West Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank B. Sheehan

(a) RESIDENCE NO. 3661 Hineline Rd, Violetville, Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 4 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
malw	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia A. Walker Sheehan

6 DATE OF BIRTH (month, day, and year) Aug 28, 1891

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
45	4	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore,
(State or country) Maryland.

PARENTS

10 NAME OF FATHER James J. Sheehan

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mary McKewne

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Richmond, Va.

14 Informant (Address) Mrs Julia A. Sheehan 3661 Hineline Rd, Violetville

15 Filed JAN 13 1937 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/ 16, 1937

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: about, 1 yr, Bronchial Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) 1216 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem — DATE OF BURIAL 1/20/ 1937

20 UNDERTAKER John J. Cowan & Son — ADDRESS 901 Hollin

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 31303

31303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 157-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours 4200-1 St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Cain

If U.S. Veteran specify WAR .....

(a) Residence: No. Long Green Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/11/37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bon Secours Hosp.

FATHER

13. NAME Francis D. Cain

14. BIRTHPLACE (city or town) (State or country) Long Green Md.

MOTHER

15. MAIDEN NAME Francis Dillon

16. BIRTHPLACE (city or town) (State or country) Rayford Co. Md.

17. INFORMANT Hosp Record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place A Hayes Date 1/18/37

19. UNDERTAKER Hohenegels Sons
(Address) Glyndon Md.

18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/17 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/11 1937 to 1/17 1937

I last saw him alive on 1/15 1937. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Long Labor	
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? yes Date of 1/16/37

For what disease or injury? Possible pyloric stenosis

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) D M Dipalma M.D.

(Address) Bon Secours Hospital

Lamakis

F 31304

F 31304 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Gen Hospital St. 22-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. If U. S. Veteran Specify WAR

2. FULL NAME Vincent Samakis - William Lamockas

(a) Residence: No. 508 S. Paca Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery 0003

10. Date deceased last worked at this occupation (month and year) Dec 1936

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME William Lamockas

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Mrs. Julia Mikalajunas

(Address) 508 S Paca St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 1/19 19 37

19. UNDERTAKER Chas B Kuchenbecker & Son

(Address) 637 S. Paca St

20. FILED JAN 18 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-15-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-2-37, 19 to 1-15-37, 19

I last saw him alive on 1-15-37, 19 Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Pneumonia edema	1-14-37

Other contributory causes of importance:

Was an operation performed? Yes Date of 1-14-37

For what disease or injury? Hernia

Name of operation Herniaplasty Date of 1-14-37

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Nathan Woolf M. D.

(Address) South Balto Gen Hospital

Spec.—1-30—M. & T.—250 Bks.

F 31305

31305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95-B

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2142 W Fayette ST. 20-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Vildt

(a) RESIDENCE NO. 2142 W Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	White	widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mathias Vildt

6 DATE OF BIRTH (month, day, and year) Oct 10-1850

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
86	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Charles Knesa

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger

12 MAIDEN NAME OF MOTHER Francis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger

14 Informant Mrs. Anna Vildt Daughter

(Address) 2142 W. Fayette Street

15 Filed 1-18 1937, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 16, 1937

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to January 16, 1937, that I last saw h[illegible] alive on January 15, 1937, and that death occurred, on the date stated above, at 6 45 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic cardiovascular disease

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia terminal (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Thurston F. Sharp, M. D.

, 19 (Address) 3803 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 1/19/37, 19

UNDERTAKER Henry C. Hammond Son

ADDRESS 1136 Poplar Grove

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

31306

CERTIFICATE OF DEATH

23

F 31306

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 N. Strieker St., 16-2 Ward)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Waters

(a) Residence: No. 1115 N. Strieker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 25 1922

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster Co, Va

FATHER

13. NAME Wm Waters

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Virgie Jones

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Wm Waters
(Address) 1115 N. Strieker St

18. BURIAL, CREMATION, OR REMOVAL
Place Kilmarnock Va Date Jan 19 1937

19. UNDERTAKER
(Address)

20. FILED JAN 19 1937 Huntington Williamsport, Md

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 8 1936 to Jan 17 1937

I last saw h.r alive on Jan 15 1937. Death is said to have occurred on the date stated above, at 2:55 A.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis. | Date of onset Aug 1936

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. Lorenz Wright M. D.

(Address) 117 W. Lanvale St.

F 31307

F 31307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

Registered No. 161

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1045 W. Lanvale St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 9 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Porter Tinsley.

If U. S. Veteran specify WAR

(a) Residence: No. 1045 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 13th 1910.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	4	3.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common Labor

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Leesburg, Va.

FATHER

13. NAME James Tinsley.

14. BIRTHPLACE (city or town) (State or country) Loudoun Co. Va.

MOTHER

15. MAIDEN NAME Maggie Carter.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Edmonia Tinsley.
(Address) 1045 W. Lanvale.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Jan 18, 37

19. UNDERTAKER Thomas G. Nelson
(Address) 1323 Pennsylvania Ave

LIC. 18 1937 Huntington Williams, M.D. H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/16/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 31st, 1936, to Jan 16th, 1937.

I last saw h alive on Jan 15th, 1937. Death is said to have occurred on the date stated above, at 11:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	1/10/37
Other contributory causes of importance: Mitral Insufficiency	12/30/36

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. L. Grove, M. D.

Address 522 N. Arlington Ave

M. D. B 1268-9

F 31308

31308 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 107-a

Registered No. 16-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 N Caren St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Medgette

(a) Residence: No. 614 N Caren St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 19-1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ward D.C

FATHER

13. NAME Fred [illegible]

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Carrie Medgette

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) Carrie Medgette 614 N Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Date 1/ / 19

19. UNDERTAKER

(Address)

FILED 1-18-1931 Huntington Williams MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-17 0 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1/16/37
Other contributory causes of importance: Left hemiplegia paralysis	about 1927

Was an operation performed? No Date

For what disease or injury? No

Name of operation No Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leo J Allen Coroner M. D.

(Address) 507 Cathedral St

1309

✓F 31309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-e

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2346 Eutaw Place St. 13-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Weil

If U. S. Veteran specify WAR

(a) Residence: No. 2346 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of M. Star Weil

6. DATE OF BIRTH (month, day, year) July 4, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Simon Stern

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Babette Brown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. S. Weil,
(Address) 2346 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Heb. Cem. Date Jan. 20, 1937

19. UNDERTAKER Weinberg Goodman & Levi
(Address) 1902 Eutaw Place

Filed 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1933, 19..., to Jan 18 1937

I last saw h 4 alive on Jan 18th 1937. Death is said to have occurred on the date stated above, at 10:17 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myo Carditis; Arterio Sclerosis	4 yrs ago
Other contributory causes of importance: Renal Failure (Uraemia)	4 days

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation. ✓ Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 19...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ✓

(Signed) Michael A. Abrams, M. D.

(Address) 2360 Eutaw Place

F 31310

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31310

CERTIFICATE OF DEATH

94-B

Registered No. 13-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2417 Eutaw Place St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran sperify WAR

2. FULL NAME Emanuel Strauss

(a) Residence: No. 2417 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 17, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	1	

OCCUPATION

8. Trade, profession, or partirular kind of work done, as spinner, sawyer, bookkeeper, etc. Dry Goods Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this ocrupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Solomon Strauss

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Theresa Strauss

16. BIRTHPLACE (rity or town) (State or country) Germany

17. INFORMANT Mrs. L. Goldheim,
(Address) 2417 Eutaw Place.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Hebrew Cem. Date Jan. 19, 1937

19. UNDERTAKER David Goldheim & Son
(Address) 1902 Eutaw Place
Huntington Williams, Inc.

JAN 8 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1937, to Jan 18, 1937.
I last saw him alive on Jan 18, 1937. Death is said to have occurred on the date stated above, at 2 A.m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	1/17/37
Other contributory causes of importance: Coronary sclerosis hypertension	1934

Was an operation performed? No Date of

For what disease or injury?

Name of operation Sudden death Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury ocrurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Reisterstown Rd. M. D.

(Address) 2904 Reisterstown Rd.

✓ F 31311

31311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. 25-4 St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Isaac A. Goodman

If U.S. Veteran specify WAR .....

(a) Residence: No. 621 Nottingham Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 15, 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 046

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Abraham Goodman

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Kate Myers

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mr. S. M. Goodman
(Address) Royal Court Apts.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Beth Israel Date Jany. 20 1937

19. UNDERTAKER Harris Sonneborn & Son
(Address) 1902 Eutaw Place

20. FILED JAN 18 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1936 to Jan 18 1937
I last saw him alive on Jan 18, 1937 Death is said to have occurred on the date stated above, at 8.53 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) S. E. Jones Jr. M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

✓ F 31312

$1312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 252 S. Exeter St., 12-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 70 yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Zanelotti (Joseph Sallatte)

(a) Residence: No. 252 S. Exeter St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Caronna Zanelotti

6. DATE OF BIRTH (month, day, year) May 10 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Joseph Zanelotti

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Maria Scrunza

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mary Paglueghi

(Address) 205 S. Bruelin St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 19 1937

19. UNDERTAKER Frank V. Pipitone

(Address) 2515 E. Baltimore St

FILED JAN 18 1937 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1937 to Jan 16 1937

last saw h.. alive on Jan 16 1937. Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1937

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Anthony F. Carozza M. D.

(Address) 2446 Eastern Ave

31313 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 31313

CERTIFICATE OF DEATH

20145 102-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Shirley Tenley

(a) Residence: No. 525 S. Charles st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-30-1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Wm. Tenley

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Joyce Bennett

16. BIRTHPLACE (city or town) (State or country) W.Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Jan. 19 1937

19. UNDERTAKER Fred A. Kramer & Son
(Address) 2416 E. Chase St.

20. FILED JAN 19 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/18/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/18/37, 19 to 1/18/37, 19

I last saw her alive on 1/18/37, 19. Death is said to have occurred on the date stated above, at 8:9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	1-7-37
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) a jalexander M. D.

(Address) Balto City Hosp

VS JAN 19 1937

F 31314

HEALTH DEPARTMENT—CITY OF BALTIMORE

31314

CERTIFICATE OF DEATH

✓ 93-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 705 Lyndhurst St. 16 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julius C. Wisch If U. S. Veteran specify WAR

(a) Residence: No. 705 Lyndhurst St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Natalie Wisch (nee Simoka)

6. DATE OF BIRTH (month, day, year) Dec. 13, 1859.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter 0015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Wisch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Walter J. Wisch, (Address) 705 Lyndhurst St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Jan. 20, 19

19. UNDERTAKER Harry A. Weitzler (Address) 4101 Edmondson Ave.

20. FILED Jan 19 1937 Arlington Fillmore Register

OCCUPATION is very important. See instructions on reverse side.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1936 to January 17, 1937

I last saw h. alive on January 16, 1937. Death is said to have occurred on the date stated above, 9.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis - Before	6-23-36

Other contributory causes of importance:

Senile arteriosclerosis - Before	6-23-36
Prostatic hypertrophy - "	6-23-36

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.

(Address) 1203 W. Fayette St.

F 31315

31315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2624 Frederick Ave. St. 93-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna Hippmann

(a) Residence: No. 2624 Frederick Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anton L. Hippmann

6. DATE OF BIRTH (month, day, year) Feb. 15, 1858.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Kuehnl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anton L. Hippmann,

(Address) 2624 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL.

Place Parkwood Date Jan. 19, 1937

19. UNDERTAKER Harry H. Tuttle

(Address) 4101 Edmondson Ave

20. FILED JAN 19 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 16 Jan. 1937

22. I HEREBY CERTIFY, That I attended deceased from 6 Jan 37 19 to 16 Jan 19 37

I last saw h[illegible] alive on 16 Jan 19 37 Death is said to have occurred on the date stated above, at 1:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	[illegible]
	3 years

Other contributory causes of importance

Cardiac asthma	10 days
and Pneumonia	1 week

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis P. Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Z Vance Hagner M. D.

(Address) 2565 Frederick Ave

OCCUPATION is very important. See instructions on back of certificate.

F 31316

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31316

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1732 W. Fayette St. St. 14-a Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Milton S. King

(a) Residence: No. 1732 W. Fayette St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva May Lewis King

6. DATE OF BIRTH (month, day, year) Aug. 23, 1869.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Walter W. King

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Trott

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Eva May King.

(Address) 1732 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Jan. 19, 19 37

19. UNDERTAKER Harry F. Metzler

(Address) 101 Edmondson Ave.

19 FILED ..... 19 ..... Registrar

JAN 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1936 to Jan 16 1937

I last saw h[illegible] alive on Jan 16, 1937 Death is said to have occurred on the date stated above, at 12.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro vascular	1934
Mitral stenosis &	
Cardiac hypertrophy	1936
Pulmonary edema	1 day

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) M. Warren M. D.

(Address) 1822 W Baltimore St

F 31317

31317 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH UNION MEMORIAL HOSPITAL Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 33RD. & CALVERT St., Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME J. FRANK HARPER

(a) Residence: No. 3404 ST. PAUL St., CITY Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

3a. If married, widowed or divorced HUSBAND of (or) WIFE of MRS. J. F. HARPER

6. DATE OF BIRTH (month, day, year) DEC. 23, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LAWYER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. PRACTICE 1042

10. Date deceased last worked at this occupation (month and year) 2/20/36

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) CENTERVILLE MD

FATHER

13. NAME John M. Harper

14. BIRTHPLACE (city or town) (State or country) Centreville Md

MOTHER

15. MAIDEN NAME Emma Larrimore

16. BIRTHPLACE (city or town) (State or country) Queenstown Md

17. INFORMANT Mabel Harper

(Address) 3404 St. Paul St

18. BURIAL, CREMATION, OR REMOVAL Chesterfield Cemetery

Place Centreville Md Date Jan 20 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JAN 19 1937 Wm. H. Tilghman, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/17 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/24 1936 to 1/17 1937.

I last saw h 1/1 alive on 1/17 1937 Death is said to have occurred on the date stated above, at 6:12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	1928
Other contributory causes of importance:	
Cachexia	
Senility	

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? LAB Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify —

(Signed) S. D. Sunday M. D.

(Address) Union Memorial Hospital

31318
323580

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 31318

CERTIFICATE OF DEATH

V 95-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 4-8 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran, specify War No Record

2. FULL NAME Frances E. Schaich

(a) Residence: No. 1314 Bonaforde Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	—

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) 8-23-35

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	4 17	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — — —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——— None

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Fred Schaich

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mildred Unglaub

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Jan 20th 1937

19. UNDERTAKER Wm Cook
(Address) 217 St Paul St
Huntington Pittsburgh, Pa

20. FILED JAN 19 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 18 . 1937

22. I HEREBY CERTIFY, That I attended deceased from JAN 7 . 1937 to JAN 18 . 1937

I last saw her alive on JAN 18 . 1937 Death is said to have occurred on the date stated above, at 5:10 A .m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart failure, cause undetermined	? Nov 36
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Lydia B Edwards M. D.

(Address) Johns Hopkins Hospital

M. D. P. 1268-9

F 31319

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31319

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3514 Clifton Road Ward) 43-8

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles R. Germain

(a) Residence: No. 3514 Clifton Rd St., ... Ward. No Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~(or WIFE of)~~ Fannie L. Germain

6. DATE OF BIRTH (month, day, year) Dec 2nd 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto 1050

10. Date deceased last worked at this occupation (month and year) Dec 1936

11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME Thomas R. Germain

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Josephine Scott

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Fannie L. Germain

(Address) 3514 Clifton Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jan 21st 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JAN 19 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1937 to Jan 18 1937

I last saw h[illegible] alive on Jan 18 1937 Death is said to have occurred on the date stated above, at 2.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Jan
Other contributory causes of importance: Interstitial nephritis	6 y

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, state ...

(Signed) Edward A Erwin M. D.

(Address) 612 N 40

OCCUPATION is very important. See instructions on back of certificate.

M. D. F 31320

F 31320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 75

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 Booth St. St. 18-2 Ward)

Length of residence in city or town where death occurred 25 yrs. - mos. - ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME John Francis Gannon.

(a) Residence: No. Do not know. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of (~~WIFE~~) Marie Gannon.

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	-----	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME William Gannon.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Catherine O'Laughlin.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT William Gannon. (brother)
(Address) Landsdowne, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Jan 19 - 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19... [illegible] Registrar.

JAN 19 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 15, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M Reinhardt M. D.
Coroner

1/18/37 (Address) 1017 S. Charles St.

M. D. B. 1268-9

31321

F 31321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 94-B

Registered No. 70-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2031 W. Baltimore St. St., 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Samuel Harrold Andrews.

(a) Residence: No. 2031 W. Baltimore St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of Emily B. Andrews.

6. DATE OF BIRTH (month, day, year) December 10, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Spring Works.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

FATHER

13. NAME Luther W. Andrews.

14. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

MOTHER

15. MAIDEN NAME Kate Charles.

16. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

17. INFORMANT Helen Porter. (sister)
(Address) 1937 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 20th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19 ... Registrar.

JAN 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis.	
Obstruction of the Coronary arteries.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M Reinhardt M. D.
Coroner

1/18/37 (Address) 1017 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

F 31322

3237 F 31322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Ernest Brown

(a) Residence: No. 515 Somerset St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 5-2-29

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
7 years 8	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Ernest Brown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lydia Phillips

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem. Date 1-20-37

19. UNDERTAKER Bryant Mamie M. Wright
(Address) 1211 McCulloh St

20. FILED ..... 19..... Registrar.

JAN 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from JAN 11, 1937 to JAN 17, 1937

I last saw h[illegible] alive on JAN 17, 1937 Death is said to have occurred on the date stated above, at 12 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis, perforated	1-11-37
Peritonitis	1-14-37
Paralytic ileus	1-16-37

Other contributory causes of importance:

Was an operation performed? Yes Date of Appendectomy 1-11-37

For what disease or injury? Appendicitis Peritonitis 1-11-37

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) David H. Spong Jr M. D.

(Address) Johns Hopkins Hospital

31323

HEALTH DEPARTMENT—CITY OF BALTIMORE

31323

CERTIFICATE OF DEATH

87-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1525 E. Fairmount Ave. Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary L. James

(a) Residence: No. 1525 E. Fairmount Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Garfield James

6. DATE OF BIRTH (month, day, year) 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Pocomoke City Md

FATHER

13. NAME Henry H. Sheelton

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Ann Mack

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Garfield James (Address) 1525 E. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem Date 1-19- 37

19. UNDERTAKER Brooks Manie & Wright (Address) 1211 N. C & Liberty St

Filed ..... 19 ..... Registrar.

JAN 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-16-1937

22. I HEREBY CERTIFY, That I attended deceased from 12-2 1936 to 1-16 1937

I last saw her alive on 1-16 1937 Death is said to have occurred on the date stated above, at 11.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Neuritis	
Other contributory causes of importance:	

Was an operation performed? None Date of —

For what disease or injury?

What test confirmed diagnosis? Wasserm Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George L. Allen M. D.

(Address) 509 Lanvale St

OCCUPATION is very important. See instructions on back of certificate.

F 31324

V 131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1925 D. Hill ave ST. 14-3 WARD)

2-FULL NAME Mongo P. Tates

(a) RESIDENCE NO. 1925 D. Hill ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced (or) WIFE of Susan Tates

6 DATE OF BIRTH (month, day, and year) Dec 14-1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Mongo Tates

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Susan Henley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Julia Lee

(Address) 1925 D. Hill Ave

Filed JAN 19 1937, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-16 1937

17 I HEREBY CERTIFY, That I attended deceased from 11/9, 1936, to 1-16, 1937

that I last saw h... alive on 1-15, 1937

and that death occurred, on the date stated above, at 10 50 p m.

The CAUSE OF DEATH* was as follows:

Cerebro Vascular Renal

disease.

(Terminal) Bronchio-pneumonia

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) pneumonia

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. F. Jackson, M. D.

1/18, 1937 (Address) 600 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Memorial Cemetery

DATE OF BURIAL Jan 19 1937

ADDRESS .....

20 UNDERTAKER Archibald A. Gladden

ADDRESS 2101 W. North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

M. D. B. 1268-9

F 31325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 F 31325

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 12-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Bond

If U. S. Veteran specify WAR

(a) Residence: No. 3220 Barclay St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Margaret Bond

6. DATE OF BIRTH (month, day, year) Dec. 25, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Andrew Bond

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha Banks

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Margaret Bond

(Address) 3220 Barclay St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 1/20 1937

19. UNDERTAKER Joseph G. Locke Jr

(Address) 302 Jefferson St.

19 Huntington Williams, M.D.

JAN 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17 1937

22. I HEREBY CERTIFY, That, I took charge of the remains described above, held an Inquest thereon and from the evidence obtained at said Inquest, found that said deceased came to h death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	

Other contributory causes of importance:

Diabetic Coma

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31326 — CERTIFICATE OF DEATH — F 31326

181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St. [illegible] Ward) 12

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arthur Clyde Turley

If U. S. Veteran specify WAR .....

(a) Residence: No. North Box 224 A. St., Brightside Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Dec 3 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	1	15/14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N Ala Ohio

FATHER

13. NAME Joseph Edward Turley

14. BIRTHPLACE (city or town) (State or country) New Castle Pa

MOTHER

15. MAIDEN NAME Alta Mae London

16. BIRTHPLACE (city or town) (State or country) Weatherwille Ohio

17. INFORMANT Joseph Turley

(Address) Box 224 A Sparrows Pt R.D.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart of Mary Date 1/19 . 1937

19. UNDERTAKER John F. Connolly

(Address) Govanstown

1937 Clayton White, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17 , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest found that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st degree burns (Scalds)	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Jan 16 1937

Where did injury occur? North Point State Hospital

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home / Scalding water

Manner of injury fell backwards into bucket of

Nature of injury burns.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. H. Wright M. D.

Coroner

(Address) 1010 S. Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

F 31327

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31327

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4110 Greenway Guilford St., 12th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred TEMPORARY yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME HARRIET BECKWITH WATSON CHALFANT

If U. S. Veteran specify WAR

(a) Residence: No. 4110 GREENWAY Guilford St., Ward. PITTSBURGH PENNA.

TEMPORARY (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOWED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of HENRY CHALFANT

6. DATE OF BIRTH (month, day, year) JULY 9, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) MASSILON, OHIO

FATHER

13. NAME JOHN WATSON

14. BIRTHPLACE (city or town) (State or country) PITTSBURGH, PA.

MOTHER

15. MAIDEN NAME HARRIET BECKWITH

16. BIRTHPLACE (city or town) (State or country) HARTFORD CONN.

17. INFORMANT HENRY CHALFANT JR

(Address) SEWICKLEY PENNA.

18. BURIAL, CREMATION, OR REMOVAL.

Place PITTSBURGH PA Date JAN. 20 1937

19. UNDERTAKER HENRY W JENKINS SONS CO

(Address) MCCULLOUGH & RICHARDS ST.

N 13 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17th, 1937

22. I HEREBY CERTIFY, That I attended deceased from (office) 1934, to January 17th, 1937

I last saw h[illegible] alive on January 17th 1937. Death is said to have occurred on the date stated above, at 7:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Hemorrhage (Cause unknown)	Jan-14th 1937
Other contributory causes of importance:	
Cerebral Arterio-Sclerosis	1932

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Blood in Stools - Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Wm. Dabney, M. D.

(Address) Reston Md

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31328

CERTIFICATE OF DEATH

59 F 31328

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2816 Beechview St. 13-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Clare Parker

(a) Residence: No. 2816 Beechview St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward C. Parker

6. DATE OF BIRTH (month, day, year) Aug 24 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman 3/31

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Zone 0 3/31

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Scott Kans.

FATHER

13. NAME John Parker

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Sarah Case

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT Edward C. Parker

(Address) 2816 Beechview

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 19 1937

19. UNDERTAKER Fitzpatrick & Sons

(Address) Eutaw & Baltimore Sts

Date JAN 19 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from ... 1927 to Jan. 17 1937

I last saw h[illegible] alive on Jan 17 1937 Death is said to have occurred on the date stated above, at 7.23 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1927

Other contributory causes of importance:

Interstitial nephritis	1932

Name of operation None Date of

What test confirmed diagnosis? Clinical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George W. Parke M. D.

(Address) 2435 Maryland Ave

31329

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31329

51-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH 3704 Woodhaven Ave

Registered No.

CITY OF BALTIMORE: (No.) St. 15 Ward 8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles Herbert Edgar Home If U.S. Veteran specify WAR

(a) Residence: No. Granville Md

(Usual place of abode) (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Cassandra Edgar

6. DATE OF BIRTH (month, day, year): July 25 1872

7. AGE: Years 64 | Months 5 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Conductor 0073

9. Industry or business in which work was done, as silk spinning, saw mill, bank, etc.: Railroad

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Garland Md

MOTHER'S FATHER

13. NAME: Charles Edgar

14. BIRTHPLACE (city or town) (State or country): Mt Airy Md

MOTHER'S MAIDEN NAME: Mary E Waters

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Foster Maryland Garland Md

18. BURIAL, CREMATION, OR REMOVAL: Mt Lorrelly Cemetery

Place St. Stephens Cem Date 1-19-37 19

19. UNDERTAKER F. C. Tippett & Son (Address) Undertakers Olney

20. FILED JAN 19 1937 19 Registrar Washington, D. C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 17-37

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 36 to Jan 17 1937

I last saw him alive on Jan 15 1937 Death is said to have occurred on the date stated above, at 6 00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	Jan 1936
Other contributory causes of importance: Acute Heart Failure.	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signature) Joseph Lapsley M. D.

(Address) Odenton Md

M. D. H 1268-9

F 31330

F 31330 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No. 20-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Frederick LeVerdier If U. S. Veteran specify WAR

(a) Residence: No. 1923 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nadie Verdier

6. DATE OF BIRTH (month, day, year) Feb 7 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0073

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Guernsey England

FATHER

13. NAME John Verdier

14. BIRTHPLACE (city or town) (State or country) Guernsey

MOTHER

15. MAIDEN NAME Emma Tupton

16. BIRTHPLACE (city or town) (State or country) Guernsey

17. INFORMANT Mrs. Mary Hill

(Address) 1923 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date Jan 18 1937

19. UNDERTAKER H. P. Pickel & Son

(Address) Frederick Md.

FILED JAN 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16th, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said inquest find that said deceased came
(Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Wright M. D. Coroner

Address) 1910 S. Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

F 31331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 1412 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S Veteran specify WAR

2. FULL NAME Catharine Edwards

(a) Residence: No. 1414 Division St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-9-13

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. N.W.D.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME David Edwards

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Nettie Brown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 1/20/ 1937

19. UNDERTAKER Francis A. Wemsley

(Address) 578 W. Biddle St.

20. FILED JAN 19 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from JAN 8, 1937, to JAN 16, 1937

I last saw h[illegible] alive on JAN 16, 1937. Death is said to have occurred on the date stated above, at 8:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus peritonitis	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1/18/37

For what disease or injury? Intestinal obstruction & peritonitis

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William Gray Watson, M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

F 31332

F 31332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Harris

If U. S. Veteran specify WAR .....

(a) Residence: No. 801 E 5th St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia Harris

6. DATE OF BIRTH (month, day, year) July 16-1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Richmond Va (State or country)

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) unk (State or country)

MOTHER

15. MAIDEN NAME Maggie Sales

16. BIRTHPLACE (city or town) [illegible] St (State or country)

17. INFORMANT Silvia Swann

(Address) 1014 Wilson St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 1/21, 1937

19. UNDERTAKER Frances A. Hensley

(Address) 5 N. Eutaw St

Washington Funeral Home

20. FILED [illegible] 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an unq unq thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said unq unq find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Jan 15 1937

Other contributory causes of importance: .....

Was an operation performed? unk Date of .....

For what disease or injury? .....

Name of operation Heaton Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] Allen, M. D.

Attorney

(Address) 50 [illegible]

M. D. B 1263-9

F 31333

F 31333 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-7 93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1770 Montpelier St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Andrew J. Haugherty

(a) Residence: No. 1770 Montpelier St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Loretta Haugherty

6. DATE OF BIRTH (month, day, year) April 29, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bank Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6162

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Haugherty

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Sallie McCormick

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Jennie Snyder

(Address) 1720 Montpelier St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 1/21 1937

19. UNDERTAKER Margaret E. Flynn

(Address) 2107 Hilton St

20. FILED JAN 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

31334 F 31334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5501 Fair Oak ave St. 27-6 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lucy May Burckhead

If U. S. Veteran specify WAR .....

(a) Residence: No. 5501 Fair oak ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. R. Burckhead

6. DATE OF BIRTH (month, day, year) March 11. 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

MOTHER FATHER

13. NAME Thos. E. Wheatley

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Mollie Abbott

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mr. Wm. R. Burckhead

(Address) 5501 Fair oak ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date 1/20 1937

19. UNDERTAKER Margaret J. Flynn

(Address) 2107 Hilton st

20. FILED 19 Registrar

N 19 1937 Huntington Nathanael, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/17/37 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1936 to 1/17/37 19

I last saw h alive on 1/17/37 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	
Other contributory causes of importance: Cardiac Decompensation	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hyland Foley M. D.

(Address) 5703 Harford Rd

F 31335

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31335

CERTIFICATE OF DEATH

Registered No. 34-J-23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lankston Flonery (4959)

If U. S. Veteran specify WAR

(a) Residence: No. 5 N. Castle St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie

6. DATE OF BIRTH (month, day, year) August 4, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Eliza Hatchett

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 1/19 1937

19. UNDERTAKER Raynor Sanders

(Address) 1413 E. Preston St.

20. FILED 19 Registrar.

Lexington Williams, M.D.

JAN 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 28, 1934 to January 16, 1937

I last saw him alive on January 16, 1937 Death is said to have occurred on the date stated above, at 9.00 m. A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	1933

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leon H. Feldman M. D.

(Address) Baltimore City Hospitals

OCCUPATION IS VERY Important. See instructions on back of certificate.

Dr. S.A. Tommiello Med Art Bldg Per 6360 1-7 PM

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31336

CERTIFICATE OF DEATH

107-a F 31336

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3145½ Virginia Ave St. 7th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida M. Storm

If U.S. Veteran specify WAR No Record

(a) Residence: No. 3145½ Virginia Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ (or) WIFE of Adam Storm

6. DATE OF BIRTH (month, day, year) Oct 4th 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME James Adams

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Elizabeth Shroyer

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Stella Watson

(Address) 3145½ Virginia Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jan 21st 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Huntington Williams, Registrar.

JAN 19 1937

OCCUPATION IS VERY Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17th 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5 1936 to Jan. 17 1937

I last saw h... alive on Jan. 17 1937 Death is said to have occurred on the date stated above, at 3:25P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	1/17/37
Other contributory causes of importance:	
Chronic bronchitis	1/5/36

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) S.A. Tommiello, M.D.

(Address) 511 Medical Art Bldg

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31337

CERTIFICATE OF DEATH

F 31337

92-a

Registered No. 24-19

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3701 Stuart av St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S Veteran specify WAR

2. FULL NAME Susie M. Layne

(a) Residence: No. 3701 Stuart av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard F Layne

6. DATE OF BIRTH (month, day, year) Aug 27 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Saml N. Francis

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Alice Stuart

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT S. Melvin Layne
(Address) 5701 Stuart av

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 1/20 1937

19. UNDERTAKER W. M. Cook
(Address) 1219 E Pratt St

20. FILED JAN 19 1937

Harrington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17th 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What was confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. H. Oppenheimer M. D.
Coroner

(Address) Coroner

State cause of death in plain terms. Do not state mode of dying. OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B 1268-9

31338

HEALTH DEPARTMENT—CITY OF BALTIMORE

31338

CERTIFICATE OF DEATH

✓ 93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 S. Decker Av St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

Gregory

2. FULL NAME George Klodk Klocek

If U. S. Veteran specify WAR

(a) Residence: No. 825 S. Decker Av St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes

6. DATE OF BIRTH (month, day, year) March 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
57	57	10	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0047

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Galicia (State or country) Austria Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) " (State or country)

17. INFORMANT Anna Borowska (daughter)

(Address) 622 S. Curley St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Jan 21 1937

19. UNDERTAKER Fred W Rozanski

(Address) 1930 Eastern Ave.

JAN 19 1937 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. Wright M. D.

(Address) 1010 S. Ellwood Ave.

OCCUPATION is very important. See instructions on back of certificate.

37339 3929 HEALTH DEPARTMENT—CITY OF BALTIMORE 31339

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 14-3 Ward)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Potter If U.S. Veteran specify WAR .....

(a) Residence: No. 2011 Etting St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 8-13-84

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 1087

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Henry Potter

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Margt ?

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Jan 20 19 37

19. UNDERTAKER V. A. Brooks
(Address) 1463 N. Carey St

20. FILED ..... 19 ..... Registrar.

JAN 19 1937 Eugene Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from JAN 15, 1937 to JAN 18, 1937

I last saw him alive on JAN 18, 1937 Death is said to have occurred on the date stated above, at 645 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Jan. 10 '37
Septicemia.	

Other contributory causes of importance:

Peritonitis? Pericarditis	

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Sputum Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify. —

(Signed) Palmer H. Lattimer M. D.

(Address) Johns Hopkins Hospital

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31340

CERTIFICATE OF DEATH

✓188

F 31340

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hospital St., 9-4 (Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Roy Groomes

(a) Residence: No. Clarksville, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 2-12-1924

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
12	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Howard County Md.

FATHER

13. NAME Hewson Groomes

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Nellie Howard

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hewson Groomes
(Address) Clarksville Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Clarksville, Md Date 1-22-1937

19. UNDERTAKER J. C. Higinbotham & Son
(Address) Ellicott City Md

Huntington Williams, M.D.
Registrar

19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound Fracture Skull.	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Accident Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1-19, 1937

Where did injury occur? Farm in Clarksville, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place? Home

Manner of injury Kicked in head by a

Nature of injury Horse

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1918 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 31341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-a F 31341

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Hosp St. 90-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elmer Epps

(a) Residence: No. 1835 Vine St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 24, 1921

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	15	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edward Epps

14. BIRTHPLACE (city or town) (State or country) Wilmington Del.

MOTHER

15. MAIDEN NAME Cora Stafford

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Cora Epps

(Address) 1835 Vine St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 1/20, 1937

19. UNDERTAKER Sam'l W. Chase & Son

(Address) 638 N. Gilmor

Huntington Williams M.D.

Registrar.

19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1937, to Jan. 17, 1937

I last saw h[illegible] alive on Jan. 17, 1937. Death is said to have occurred on the date stated above, at 9:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus Meningitis	1/8/37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Sidney Gelman M. D.

(Address) Lyden Hospital

OCCUPATION is very important. See instructions on back of certificate.

Ella Lewis

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31342 CERTIFICATE OF DEATH ✓131 F 31342

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 430 Roberts St. 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ella Lewis

If U.S Veteran specify WAR .....

(a) Residence: No. 430 Roberts St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bertie Lewis

6. DATE OF BIRTH (month, day, year): June 26-1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
41	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Georgia

FATHER

13. NAME: Wm Davenport

14. BIRTHPLACE (city or town) (State or country): Georgia

MOTHER

15. MAIDEN NAME: Susie Brown

16. BIRTHPLACE (city or town) (State or country): Georgia

17. INFORMANT: Mrs Bertie Lewis

(Address) 430 Robert St

18. BURIAL, CREMATION OR REMOVAL

Place: Chas Pentheon Ga 6-20 37

19. UNDERTAKER: Geo. T. A. Gibson

(Address) 1733 Druid Hill Ave

20. FILED ..... 19 ..... Registrar.

19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/18 19 37

22. I HEREBY CERTIFY, That I attended deceased from 11-10 19 36 to 1/18 19 37

I last saw h alive on 1/17 19 37 Death is said to have occurred on the date stated above, at 10 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Hypertrophy & Degeneration & Chronic Nephritis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B. F. Hatcher M. D.

(Address) 1720 Pine St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 31343

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 31343

1. PLACE OF DEATH

Registered No. 183

CITY OF BALTIMORE: (No. B.& O Coal pier Curtis Bay. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Phenna. If U. S. Veteran specify WAR .....

(a) Residence: No. ..... England. ..... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Do not know.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	----	------	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oiler S/S 6086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Simonside.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) England.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Police Report. S. D.
(Address)

18. BURIAL, CREMATION, OR REMOVAL St. Paul's 5th Reformed Cem. date Jan. 19th 1937

19. UNDERTAKER Bernard E. Harle
(Address) 121 E West St

20. FILED Jan 19 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

Drowned November 25/1936

21. DATE OF DEATH Found day, January 16/1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning.	
fall from the pier.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 11/25/36

Where did injury occur? B.& O. Coal pier (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Curtis Bay.

Manner of injury Fall overboard.

Nature of injury Drowning. No Inst

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Otto M Reinhardt M. D.
Coroner

1/18/37 (Address) 1017 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

31344

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31344

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2801 Rosalie Ave St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geo. W. Wilson

(a) Residence: No. 2801 Rosalie Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Cora Appleby Wilson

6. DATE OF BIRTH (month, day, year) Dec. 8/1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship Joiner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Geo. Wilson

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Sarah Lindsey

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Miss Wilson
(Address) 2801 Rosalie Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date 1/20 19 37

19. UNDERTAKER Philip Herwig Sons
(Address) 2016 Orleans St

20. FILED JAN 19 1937 Lington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18 19 37

22. I HEREBY CERTIFY, That I attended deceased from January 18 19 37 to Jan. 18, 19 37
I last saw him alive on Jan. 18, 19 37 Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Found By	Date of onset
Chronic Myocarditis	Doctor Gordy	1/8/37
Acute Heart Failure		1/18/37

Other contributory causes of importance:
Senility

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) James E. White M. D.
(Address) 5214 Harford Rd.

OCCUPATION is very important. See instructions on back of certificate.

E 31345

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 31345

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 N. Port St. St. 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rosie Messner

(a) Residence: No. 501 N. Port St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Casper Messner

6. DATE OF BIRTH (month, day, year) Nov. 24 1853

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Philip Kaiser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine Becker

(Address) 501 N. Port St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 1/19 19 37

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Eutaw St

20. FILED JAN 19 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15 19 37

22. I HEREBY CERTIFY, That I attended deceased from 1/6/34 19 ..... to 1/15/37 19 .....

I last saw h alive on 1/15/37 19 Death is said to have occurred on the date stated above, at 9 20P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Degeneration	5 yrs

Other contributory causes of importance:

Amputation Obliterating (Gangrene) 6 mos

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H Eismann M. D.

(Address) 1913 E Baltimore

1/18/37

OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 31346

20351

HEALTH DEPARTMENT—CITY OF BALTIMORE

31346

CERTIFICATE OF DEATH

23.

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 4-1 (Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME ..... William Danigan or Dunigan .....

(a) Residence: No. 40 Market Place St., ...Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 00.90

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John (c)

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary (d)

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT ..... Hospital Records .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL Johns Hopkins Med. Soc. Jan. 19 1937

19. UNDERTAKER .....

(Address)

20. FILED ..... 19 ..... Registrar.

Commissioner of Health

Per H. A. Moore

N 19 1937 Ft. Lincoln Cemetery, Md. 2913

VS 3

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-17-1937

22. I HEREBY CERTIFY, That I attended deceased from 1-15-1937 to 1-17-1937

I last saw him alive on 1-17-1937 Death is said to have occurred on the date stated above, at 1.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	6 mos
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Rainey, M.D.

(Address) Baltimore City Hospital

W 31347

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31347

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ralph Smith

(a) Residence: No. 1610 Lorman St. St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fame Smith

6. DATE OF BIRTH (month, day, year) 7-26-1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Ralph

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mollie Thomas

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Johns Hopkins Med. School Jan. 19, 1937

19. UNDERTAKER Commissioner of Health

(Address) Per M. A. Moore

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-15 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-14 1934 to 1-15 1937

I last saw him alive on 1-15 1937 Death is said to have occurred on the date stated above. Found dead

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage?	1-15-36
Other contributory causes of importance: Hypertensive Cardio-Vascular Renal Disease	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

N 13 1937 2914

31348 ✓ F 31348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 107-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gene E. Lohan If U.S. Veteran specify WAR

(a) Residence: No. 7506 Radcliffe St., Ward. Calif.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md —

FATHER

13. NAME Bernard Lohan

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Friends —
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Johns Hopkins Med. Soc. Jan. 19, 1937

19. UNDERTAKER
(Address)

Commissioner of Health
Per M. A. Moore
Registrar.

20. FILED JAN 19 1937 19

2915

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1937, to Jan 13, 1937

I last saw him alive on Jan 13, 1937 Death is said to have occurred on the date stated above, at 1 45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia broncho ? primary	?

Other contributory causes of importance:

Tiny ulcers in colon ? Edema mucoid exudate in larynx

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lydia B Edwards M. D.

(Address) Johns Hopkins Hospital

E 31349 HEALTH DEPARTMENT—CITY OF BALTIMORE E 31349

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ... St. ... Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Dugan

If U.S. Veteran specify WAR ...

(a) Residence: No. ... Westminster Md Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C Black	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1875—1—18

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown 0057

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT (Address) John Hunter Westminster, Md

18. BURIAL, CREMATION, OR REMOVAL Place County Home Carroll Co. Date Jan. 19, 1937

19. UNDERTAKER (Address) H. Bankard & Son Westminster, Md.

20. FILED JAN 19 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1—18—37

22. I HEREBY CERTIFY, That I attended deceased from 1—16—37, 19... to 1—18—37, 19...

I last saw him alive on 1—18—37, 19... Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Hypertensive Cardio-Vascular Disease	
Cerebral Haemorrhage over	1-16-37

Other contributory causes of importance: Uremia

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. G. Helbrich M.D.

(Address) Univ. Hospital

31350 E 31350

31350 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 2400 Ward)

Length of residence in city or town where death occurred 34 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Olive Cayer

If U.S. Veteran specify WAR .....

(a) Residence: No. 1410 Bell St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

3a. If married, widowed, or divorced (or) WIFE of Mr. Joseph L. Cayer

6. DATE OF BIRTH (month, day, year) Jan. 15, 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chipwa Falls, Wisconsin

FATHER

13. NAME Joseph Allard

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Anna Marina Buckley

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Hospt. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. Date Jan. 21 19 37

19. UNDERTAKER Geo. H. Root
(Address) 1003 W. Baltimore St.

JAN 19 1937 19 ..... Registrar

Washington Nebraska, Neb

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1937, to Jan. 18, 1937

I last saw her alive on Jan. 15, 1937. Death is said to have occurred on the date stated above, at 10:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic C-V Disease	1902
Mitral Stenosis	
Other contributory causes of importance:	
C.V.C. Lung	
Cardiac failure	1/11/37

Was an operation performed? no Date of —

For what disease or injury?

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Irving Freeman, M. D.

(Address) Mercy Hospital

31351 F 31351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home St. 20-1 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 5 mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Lizzetta Frischknecht

If U.S. Veteran specify WAR .....

(a) Residence: No. German Aged Home St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) September 19, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0068

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Affoltorn Switzerland

FATHER

13. NAME Ulbrich Gut

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Veveno Widler

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records German Aged Home
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Joseph B. Cook Jan. 20 1937

19. UNDERTAKER 1093 W. Baltimore St.
(Address)

20. FILED 19 Registrar.

JAN 19 1937 Ft. Fred. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec.1/36 19... to Jan.18/37 19...

I last saw her alive on Jan.17/37. 19... Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	Jan.15/37
Other contributory causes of importance:	
Chronic Arterio-Sclerosis. Unknown	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Emily Reeds Clements, M.D.

(Address) 933 Hanover St.

OCCUPATION [illegible] important. See instructions on back of certificate.

F 31352

F 31352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

125-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. St. 18-W Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME George L. Cadwell

(a) Residence: No. 1052 W. Fayette St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) December 18, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	-	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture

10. Date deceased last worked at this occupation (month and year) December 1936

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Henry A. Cadwell

14. BIRTHPLACE (city or town) New York City
(State or country) New York

MOTHER

15. MAIDEN NAME Margaret F. Killmon

16. BIRTHPLACE (city or town) Royal Oak
(State or country) Md.

17. INFORMANT Mr. Charles C. Cadwell
(Address) 1052 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Jan. 20, 19 37

19. UNDERTAKER Foos & Cook
(Address) 1006 N. Baltimore St.

20. FILED JAN 19 1937 H. Eugene Phillips

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 16, 19 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained ..... said ..... find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above. 3:30 am,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Hemorrhage	

Other contributory causes of importance: Enlarged Liver,

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Charles Grimes M. D.
Coroner

(Address) 1215 Hanover St.

OCCUPATION is very important. See instructions on back of certificate.

F 31353 ✓

31353 HEALTH DEPARTMENT—CITY OF BALTIMORE #20301

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 12 Ward) newborn

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Girl Shirral

(a) Residence: No. 24 W. Lafayette Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	newborn

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/13/37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47 minutes			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto., Md. (State or country)

FATHER

13. NAME Ralph Scott

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Helen Shirral

16. BIRTHPLACE (city or town) N. C. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL
Johns Hopkins Med. Sch Date Jan 19, 1937

19. UNDERTAKER Commissioner of Health (Address)
Per H. A. Moore

20. FILED ..... 19 ..... Registrar

JAN 19 1937

2916

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-13, 1937 to 1-14, 1937.

I last saw her alive on 1-14, 1937 Death is said to have occurred on the date stated above, at 12½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature - stillborn	Birth
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) J. A. Hooper M. D.

(Address) Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

31354

HEALTH DEPARTMENT—CITY OF BALTIMORE

T 31354

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen Hosp St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Stumbler

(a) Residence: No. 229 S. Strieker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, (Married) Widowed, or Divorced (write the word)
F	W	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry W Stumbler

6. DATE OF BIRTH (month, day, year) April 23 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Henry W. Stumbler
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 1/20 1937

19. UNDERTAKER Leonard Hartman Rusch
(Address) 530 S. Huntington Ave

DEC 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/17/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 12/27. 19 36 to 1/17/37. 19 ..... I last saw h[illegible] alive on 1/17/37. 19 ..... Death is said to have occurred on the date stated above, at 8:50 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 1/16/37

Contributory causes of importance:
Bronchopneumonia
Arteriosclerosis CVD disease
Contd. Duration of illness

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, what? .....

(Signed) Leonard Hartman Rusch M. D.

(Address) West Balto Gen Hosp

OCCUPATION is very important. See instructions on back of certificate.

F 31355

323596

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31355

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 25-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Lane

If U.S Veteran specify WAR .....

(a) Residence: No. 1704 Monterey ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 10-28-84

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John E Lane

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Laura Collins

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Loudon Park 1/21 37

19. UNDERTAKER Fenby & Tyler

(Address) Fulton & Fayette

20. FILED 19 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from JAN 8, 1937, to JAN 18, 1937

I last saw him alive on JAN 18, 1937. Death is said to have occurred on the date stated above, at 4:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Rheumatic Heart Disease with Mitral Stenosis & Insufficiency, Aortic Insufficiency & Auricular Fibrillation	2, 1932

Other contributory causes of importance:

Hypertension, Chronic Tonsillitis Obesity

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) James R. Hairland, M. D.

(Address) Johns Hopkins Hospital

✓ F 31356

31356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 N. Bradford St. St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emil Prodey

(a) Residence: No. 806 N. Bradford St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Prodey

6. DATE OF BIRTH (month, day, year) Jan 22/1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	9 11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 0080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Theodore Prodey (Son)
(Address) 620 N. Port St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Jan. 20 1937

19. UNDERTAKER Lilly & Sniffen & Wolcott
(Address) Washington Blvd.

Jan 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 17 '37 to Jan 17 '37
that I last saw h[illegible] alive on Jan 17 1937. Death is said to have occurred on the date stated above, at 1/30 P.m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion Date of onset Jan 1937

Other contributory causes of importance:

acute Cardiac dilatation 10d

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 1 E 39th St Baltimore Md

✓ F 31357

31357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 47-a

12-6

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Baltimore, Md.

Length of residence in city or town where death occurred ...yrs. 3 mos. 11 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U.S. Veteran specify WAR None.

2. FULL NAME Captain Benjamin F. Evans

(a) Residence: No. Box #4 - Fleeton, Virginia St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Mary L. Evans

6. DATE OF BIRTH (month, day, year) January 25, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain 1086 Govt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Crisfield Maryland

FATHER

13. NAME John A. Evans

14. BIRTHPLACE (city or town) (State or country) Crisfield Maryland

MOTHER

15. MAIDEN NAME Elizabeth Prosser

16. BIRTHPLACE (city or town) (State or country) Lillian Virginia

17. INFORMANT Records- U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 1/20 1937

19. UNDERTAKER J. A. Moran & Sons (Address) Huntington Williams, N.Y.

19 1937

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17 . 1937

22. I HEREBY CERTIFY, That I attended deceased from October 6 . 1936 to January 17 . 1937

I last saw him alive on January 17 . 1937. Death is said to have occurred on the date stated above, at 6:05a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of larynx	18 mos
Other contributory causes of importance: Metastatic carcinoma of cervical lymph nodes, left.	6 mos

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Findings. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) I. B. H. Anderson M. D.

(Address) U.S. Marine Hospital Baltimore, Md.

OCCUPATION is very important. See instructions on back of certificate.

F 31358

31358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2126 E. Fayette St. 6-3 Ward)

Length of residence in city or town where death occurred 88 yrs. 4 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Barbara Gyman

U.S. Veteran specify WAR .....

(a) Residence: No. 2126 E. Fayette St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank H. Gyman

6. DATE OF BIRTH (month, day, year) Sept. 12-1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Schwartz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME dont know

16. BIRTHPLACE (city or town) (State or country) German

17. INFORMANT Charles Gyman
(Address) 2126 E. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 1/20 1937

19. UNDERTAKER J. J. Moran
(Address) 3306 Baltimore

FILED JAN 19 1937 Huntington Williams, Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/16/1937

22. I HEREBY CERTIFY, That I attended deceased from March 16 1936 to January 16 1937

I last saw h[illegible] alive on January 16 1937. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma edema	?
Chronic interstitial nephritis	?
Cerebral Hemorrhage	Jan 7, 37
Other contributory causes of importance: Angina pectoris	Feb. 1936

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) A. C. Schwartz M. D.

(Address) 2939 McElderry St.

OCCUPATION is very important. See instructions on back of certificate.

81359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Vacek

If U.S Veteran specify WAR ...

(a) Residence: No. Severn, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1-

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1	19	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME James Jerome Vacek Jr

14. BIRTHPLACE (city or town) (State or country) Severn Md.

MOTHER

15. MAIDEN NAME Delores Luedtke

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mr James J. Vacek Jr
(Address) Severn Md

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Brookl Date Jan 21st 1937

19. UNDERTAKER Milton Schilling
(Address) 1122 E. Monument Street.

20. FILED Jan 19 1937 Lester Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/18 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1937 to Jan 18 1937

I last saw her alive on Jan 14 1937. Death is said to have occurred on the date stated above, at 5:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/2/37
Other contributory causes of importance:	

Was an operation performed? None Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Jas W Spear M. D.

(Address) Sinai Hospital

F 31360

M. D. B 1268-9

31360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hospital for Women of Md. St. 15-8 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 42 yrs. 5 mos. 20 ds.

2. FULL NAME Norma Salome Lousseal If U. S. Veteran specify WAR NONE.

(a) Residence: No. 3015 Chelsea Terrace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Maj. Elmer E. Lousseal

6. DATE OF BIRTH (month, day, year): July 28 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: 20 yrs.

12. BIRTHPLACE (city or town) (State or country): Petto Canada

FATHER

13. NAME: David Morgan

14. BIRTHPLACE (city or town) (State or country): Phillipsburg Que.

MOTHER

15. MAIDEN NAME: Violet Whiskers

16. BIRTHPLACE (city or town) (State or country): Phillipsburg Canada

17. INFORMANT: Mrs. E. E. Lousseal (husband)
(Address) 1305 Chelsea Terrace.

18. BURIAL, CREMATION, OR REMOVAL
Place: Atlanta Ga. Date: June 19 1937

19. UNDERTAKER: Stewart & Co.
(Address) 128 W. Saratoga St.

Filed JUN 19 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 5 2 9 4 6 M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Arthur R. Jones M. D. Coroner

(Address) 1215 Hanover

OCCUPATION is very important. See instructions on back of certificate.

31361

HEALTH DEPARTMENT—CITY OF BALTIMORE

20239

31361

CERTIFICATE OF DEATH

34-9-131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (Baltimore City Hospital St. 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME ~~Sam Lee~~

(a) Residence: No. 820 W. Lombard St., ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Yellow	~~Married~~

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundryman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0041

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) China

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) China

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) China

17. INFORMANT B. C. I. records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cy Date Jan 20 1937

19. UNDERTAKER Stewart Memorial Co.
(Address) 108 W. Mt. Ave.

20. FILED JAN 19 1937 H. Taylor Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-17-1937

22. I HEREBY CERTIFY, That I attended deceased from 1-12-1937, to 1-17-1937

I last saw him alive on 1-17-1937 Death is said to have occurred on the date stated above, at 10 50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5 days

Other contributory causes of importance:

Hypertensive Cardio-vascular Renal Disease	2mo

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) John L. Rainey M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 31362

F 31362 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93D

Registered No. 361

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Julia B. Henry

If U.S. Veteran specify WAR .....

(a) Residence: No. Mount Hope Retreat St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 17-1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, saw, etc., bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME James McDonald

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Henrietta Haffner

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Elcoth

(Address) Pres. Home Towson Md

18. BURIAL, CREMATION, OR REMOVAL

Place Jan 21/37 Loraine Cem.

19. UNDERTAKER John A. Mitchell & Son

(Address) 1900 Eutaw Place

19 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19 1936 to Jan. 19 1937

I last saw ~~her~~ alive on Jan. 19 1937 Death is said to have occurred on the date stated above, at 12:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Senile psychosis	6 mos.
Myocardial decompensation	4 Wks.

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Duncan P. Alagia M. D.

(Address) 5316 Frederick Ave

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

F 31363

363 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 95-B

1. PLACE OF DEATH Church Home & Infirmary (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [illegible] St. [illegible] Ward)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR ...

2. FULL NAME Rev. William Page Dame

(a) Residence: No. Glyndon, Md. St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Josephine Dame.

6. DATE OF BIRTH (month, day, year) June 12, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0018

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia.

FATHER

13. NAME William Meade Dame.

14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER

15. MAIDEN NAME Susan Funsten.

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Wm. Page Dame Jr (Address) Reisterstown Md

18. BURIAL, CREMATION, OR REMOVAL St. John's Cemy Balto. Co. Date Jany. 20 1937

19. UNDERTAKER John A. Mitchell Sons (Address) 1900 Eutaw Place

N 19 1937 Huntington Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18, 1937.

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1936. to Jan. 18 1937. I last saw him alive on Jan. 18 1937. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	12/29/36
Other contributory causes of importance: Rupture of Heart	1/18/37

Was an operation performed? No. Date of ...

For what disease or injury? ...

What test confirmed diagnosis? E.K.G. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) John A. Myers, M. D.

(Address) Church Home & Inf.

31364 E 31364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Union memorial Hosp. Registered No.

CITY OF BALTIMORE: (No. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Ella Downing Harvey

(a) Residence: No. 1810 Park ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward E. Harvey

6. DATE OF BIRTH (month, day, year) June 23, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Howett Downing

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary E. Lefferman

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mary E. Downing
(Address) 1845 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date 1/21/37 19

19. UNDERTAKER John D. Mitchell & Sons
(Address) 1900 Eutaw Place

19 1937 Huntington Williams, Reg.
H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1937, to Jan 19, 1937.

I last saw h[illegible] alive on Jan 19, 1937. Death is said to have occurred on the date stated above, at 9.53 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular disease	1927
Cerebral hemorrhage & hemiplegia	Jan 12, '37
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible], M. D.

(Address) Union Memorial Hosp.

Chas S. Nason

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31365 F 31365

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5008 Litchfield ave St., 27 78 Ward.

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Chas S Nason If U. S Veteran specify WAR none

(a) Residence: No. 5008 Litchfield ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary McEwen Nason

6. DATE OF BIRTH (month, day, year) May 26, 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter Upholsterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. as above

10. Date deceased last worked at this occupation (month and year) 1/5/32

11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (city or town) (State or country) Gloucester Mass

FATHER

13. NAME Chas S Nason

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME Isabel Elliott

16. BIRTHPLACE (city or town) (State or country) Mass

17. INFORMANT Mrs Mary Nason

(Address) 5008 Litchfield av

18. BURIAL, CREMATION, OR REMOVAL

Place St Charles Pikesville Date 1/20 1937

19. UNDERTAKER C. Vernon Lemmon

(Address) 4611 Park Heights

20. FILED ... Lexington Williams, Registrar

JAN 19 1937

State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.
OCCUPATION is very important.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry) to his ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Coronary Thrombosis	1/18/37

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) ... M. D. Coroner

(Address) ...

✓ F 31366

31366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital) (St.) 10-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marie Sunderland

(a) Residence: No. 1226 Aisquith St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Arnold Sunderland

6. DATE OF BIRTH (month, day, year) Feb. 1894

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
43	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Hand

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mollie Chancey

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Arnold Sunderland
(Address) 1226 N. Aisquith St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peters Date June 20, 1937

19. UNDERTAKER Geo. M. Fink & Son
(Address) 811 N. Wolfe St.

20. FILED 19 1531 Huntington Williams, Registrar.

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1937 to Jan 18, 1937

I last saw h[illegible] alive on Jan 18, 1937. Death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Lobar Pneumonia	3 wks
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? X ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Frank R Stephenson M. D.

(Address) St Joseph's Hospital

31367 HEALTH DEPARTMENT—CITY OF BALTIMORE 31367

CERTIFICATE OF DEATH X-107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 524, N. Washington St., 7-3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. 1 mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John J Mauser

(a) Residence: No. Sanford Fla. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	~~Married~~ married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emely Mauser

6. DATE OF BIRTH (month, day, year) Jan. 9th 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory Owner

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Martensburg Va.
(State or country)

FATHER

13. NAME Daniel Mauser

14. BIRTHPLACE (city or town) Balto. Md.
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Hoelle

16. BIRTHPLACE (city or town) Harrisburg Pa.
(State or country)

17. INFORMANT Miss Maggie Mauser
(Address) 524, N Washington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan. 21, 1937

19. UNDERTAKER Geo M Fink & Son.
(Address) 811 N. Wolfe St.

19 193 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ~~Jan. 17th 1937~~ 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 15th, 19 37, to Jan. 17, 19 37

I last saw h.. alive on Jan 17, 19 37 Death is said to have occurred on the date stated above, at 2am, m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	
Bronchio-Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) .....

31368 F 31368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat Ward)

Registered No. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eleanor Wempe

If U.S. Veteran specify WAR

(a) Residence: No. Cumberland, Md. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fred A. Wempe

6. DATE OF BIRTH (month, day, year) April 16-1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland Md

FATHER

13. NAME Patrick Kane

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Nora Nicholson

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cumberland, Md Date Jan 19 1937

19. UNDERTAKER J. J. Fletcher & Sons
(Address) Md

20. FILED 1937 Huntington Williamsport Md

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16 1937 to Jan. 19 1937

I last saw her alive on Jan. 19 1937. Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsia seizures	3 days.
Unknown cause	?
Fistula between vagina & rectum.	2 years
Other contributory causes of importance:	
Myocardial degeneration	4 days
Myocardial decompensation	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Duncan P. Wempe M. D.
(Address) 326 Frederick Ave

M. D. B 1268-9

31369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 31369

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 Hanover St. St. 23-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. --- mos. --- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George R. Pitcher. If U. S. Veteran specify WAR .....

(a) Residence: No. 1615 Hanover St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) August 10, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass blower.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6086

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Thomas Pitcher.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Georgeanna Koonts.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Marie Koch. (niece)
(Address) 1615 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL.
Place 908 Olivet Date Jan 20 1937

19. UNDERTAKER C. Howard Evans
(Address) 140-02 Abbott

Huntington Williams, MD
Registrar.

19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Otto F. Reinhardt M. D.
Coroner

1/19/37 (Address) 1017 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

323281

F 31370 ✓ F 31370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 59

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 1-5 ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hugh Walter

If U.S. Veteran specify WAR .....

(a) Residence: No. Glaysburg 7 days St., Ward. Pa

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Sadie Brumbaugh Walter

6. DATE OF BIRTH (month, day, year) 4-6-69

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2045

10. Date deceased last worked at this occupation (month and year) Jan 37

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME John Walter

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Katherine Musselman

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Clear Spring Md Date Jan 23 37

19. UNDERTAKER Hitchcock & Co

(Address) 127 E. Saratoga Street

20. FILED [illegible] 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1937 to Jan 19, 1937

I last saw him alive on Jan 19, 1937. Death is said to have occurred on the date stated above, at 5 or 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Jan 19, 1937
Diabetes Mellitus	1930

Other contributory causes of importance:

Arteriosclerotic Heart Disease	1930
Thrombophlebitis (left leg)	Jan 10, 1937

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? E.K.G. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Rankin C. Blount, M. D.

(Address) Johns Hopkins Hosp. Balto. Md.

F 31371

F 31371 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.M.H. S. 17-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Elizabeth E. Distler

(a) Residence: No. 2905 N. Calvert St. S. ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

5a. If ~~married~~, widowed, ~~or divorced~~ (or) WIFE of John L. Distler Sr

6. DATE OF BIRTH (month, day, year) Sept 2 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Louis Felber

14. BIRTHPLACE (city or town) (State or country) unknown.

MOTHER

15. MAIDEN NAME Henrietta Pirtsch

16. BIRTHPLACE (city or town) (State or country) Dresden Germany

17. INFORMANT Carl M. Distler

(Address) 2905 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemetery Date Jan 20, 1937

19. UNDERTAKER Hughes & Poet Inc

(Address) 424 N. Broadway

20 1937 Fleming & Son Williams, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18. 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1936 to Jan 18, 1937

I last saw her alive on Jan 18, 1937 Death is said to have occurred on the date stated above, at 7 40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1928?
Other contributory causes of importance: Gangrene of both feet	8/1/36

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Samuel V. Hoffman M. D.

(Address) Union Memorial Hosp

31372 HEALTH DEPARTMENT—CITY OF BALTIMORE E 31372

CERTIFICATE OF DEATH

Registered No. 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME George Grau

(a) Residence: No. 134 N. Curley St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-6-1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none Driver 0-23

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Wagon

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Grau

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophie ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Trinity Date Jan 28th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 19 Registrar

JAN 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-18 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-18 1936 to 1-18 1937

I last saw h. 1m alive on 1-18 1937 Death is said to have occurred on the date stated above, at 11.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Bronchopneumonia (Primary)	4 das
Other contributory causes of importance: Cerebral Hemorrhage	2 mos

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John F. Carney M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 31373

MD. B. [illegible]

F 31373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2619 Hollins Ferry Rd. 25-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 2 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Ida May Smith.

(a) Residence: No. 2619 Hollins Ferry Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If ~~married, widowed, or divorced~~ (or) WIFE of Clarence E. Smith.

6. DATE OF BIRTH (month, day, year) November 17, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) Jan 18 1937

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas Lathe.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Sarah Zepp

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. J. Hinks. (niece)
(Address) 2619 Hollins Ferry Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Jan 21st 1937

19. UNDERTAKER W. J. Cook
(Address) 1217 St Paul St

20. FILED JAN 20 1937 Fee Exempt Witness 1/19/37

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry) to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto A. Reinhardt M. D.
Coroner

(Address) 1017 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

F 31374 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 31374

CERTIFICATE OF DEATH

V 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4834 Park Hgts Ave St. 7-18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jennie Lake Francis

If U.S. Veteran specify WAR No Record

(a) Residence: No. 4834 Park Heights Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of .....
(or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Mar 2 about 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 72	2. 10	2.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Verifier 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S.F.G. Co

10. Date deceased last worked at this occupation (month and year) Aug 1936

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) (State or country) Kent Co Md.

FATHER

13. NAME Wm P. Francis

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Levinia Conyart

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs S. W. Richmond

(Address) 4900 Park Hgts Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Pauls Kent Co Md Date Jan 21st 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 ..... Registrar, Md

N 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19th 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 15/36 19 ..... to Jan 19/37 19 .....

I last saw her alive on Jan 19/37 19 ..... Death is said to have occurred on the date stated above, at 1.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis	2 months

Other contributory causes of importance: Cerebral Arteriosclerosis

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas B Holt M.D.

(Address) 1203 Eutaw Pl Balto Md

M. D. B. 1268-9

F 31375

F 31375 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 628 W Baddle St.) (X-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rodney Mitchell

(a) Residence: No. 628 W Baddle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Sarah L Mitchell

6. DATE OF BIRTH (month, day, year): [illegible]

7. AGE: Years: 74 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wash DC

FATHER

13. NAME: [illegible]

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Kitty [illegible]

16. BIRTHPLACE (city or town) (State or country): Wash DC

17. INFORMANT: Blanch Mitchell

(Address) 628 W Baddle St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Carmel Cem Co Date: Jan 20, 1937

19. UNDERTAKER: Archibald C Gaddes

(Address) 2101 N Carey St

20. Filed ..... 19..... [illegible] Registrar.

JAN 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/17/37

22. I HEREBY CERTIFY, That I attended deceased from 6-1-36 to 1/17/37, 19..

I last saw him alive on 1/17/37 at 7:00 m. Death is said to have occurred on the date stated above, at 7:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/16/37

Other contributory causes of importance:

Arterio Sclerosis	6/1/36
Internal Derangement	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, how? .....

(Signed) Chas Herd Davis M. D.

Address 7 W Mad St

OCCUPATION is very important. See instructions on back of Certificate.

M. D. B 1268-9

F 31376

F 31376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Josephine Beale

If U. S. Veteran specify WAR

(a) Residence: No. 249 S. Durham St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jacob

6. DATE OF BIRTH (month, day, year): May 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Northumberland County Virginia

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country): Thomas Thomas Va.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Hydie Beale (son)

(Address) 1310 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Calvary Date: 1-21, 1937

19. UNDERTAKER: F. C. RICHARDSON & SONS, INC.

(Address) 1300 North Gilmor

20. FILED JAN 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 15, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a)	
(b) cerebral hemorrhage	
(c)	
(d)	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D. Coroner

(Address) 1010 Gilmor St.

OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

31377 31377

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital Ward) 18-3

Length of residence in city or town where death occurred 28 yrs. --mos.--d. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Wm. Goodwin.

(a) Residence: No. 1234 W. Pratt St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) May 31, 1905

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
31	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shirt cutter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 9086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) StMarys Co. Md.

FATHER

13. NAME Frank E. Goodwin.

14. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

MOTHER

15. MAIDEN NAME Nellie Dean.

16. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

17. INFORMANT Brent P. Goodwin. (brother)
(Address) 1234 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Cem Date Jan 21 1937

19. UNDERTAKER Roff Cf B M. Walters
(Address) Pratt & Stricker Sts

20. FILED ..., 19... Washington Wilkins, A...

JAN 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism.	
Methyl Alcohol.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Otto M Reinhardt M. D.
Coroner

1/19/37 (Address) 1017 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

F 31378

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31378

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital St. 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Baltimore, Md.

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Love Smith

If U. S. Veteran specify WAR W. W.

(a) Residence: No. 739 Pierce St. - Balto., Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Georgia Smith

6. DATE OF BIRTH (month, day, year) Sept. 15, 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Oct., 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Elizabeth City (State or country) North Carolina

FATHER

13. NAME Miles Smith

14. BIRTHPLACE (city or town) Elizabeth City (State or country) North Carolina

MOTHER

15. MAIDEN NAME Maggie Johnson

16. BIRTHPLACE (city or town) Elizabeth City (State or country) North Carolina

17. INFORMANT Records - U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place National Cem Date 1/20, 1937

19. UNDERTAKER Frances A. Demsey (Address) 638 W. Biddle St.

20. FILED JAN 23 1937 for Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 13, 1937 to January 19, 1937

I last saw him alive on January 19, 1937. Death is said to have occurred on the date stated above, at 12:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobular, bilateral, terminal.	Terminal.

Other contributory causes of importance:

Abscess, lung, bilateral, base, multiple.	1 yr.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. M. H. Anderson. M. D.

(Address) U.S. Marine Hospital Baltimore, Md.

31679

F 31379

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-P

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 6-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth 20 yrs. mos. ds.

2. FULL NAME Alex M. Braunstein if U. S. Veteran specify WAR

(a) Residence: No. 111 N. Collington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Emanuel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Braunstein

(Address) 1117 N. Collington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rodale Date 1-20- 1937

19. UNDERTAKER Jack Levin Inc

(Address) 1437 E. Baltimore St.

20. FILED JAN 20 1937 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-19-37 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Steuber M. D. Coroner

(Address) 1212 E. North Ave.

Duplicate Original

Sborosky

F 31380

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-D

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St. 27-17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth 25 yrs. mos. ds.

2. FULL NAME Maria Sborovsky

If U.S. Veteran specify WAR

(a) Residence: No. 3003 Oakley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant 0045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Pincus

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hannah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Date 1-20-37 19

19. UNDERTAKER Jack Lewis Sons
(Address) 1437 E. Baltimore St

20. FILED JAN 23 1937 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1937, to Jan 19, 1937

I last saw him alive on Jan 19, 1937 Death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/18/37
Myocardial failure	1/18/37

Other contributory causes of importance: Arteriosclerotic heart dis ?

Was an operation performed? No Date of

For what disease or injury? Thrombo angiitis obliterans amputation leg (left).

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Applerouth, M. D.

(Address) Sinai Hospital

E 31381

HEALTH DEPARTMENT—CITY OF BALTIMORE

31381

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1035 Homeward Ave) (Ward) 9-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR World War 10 Days

2. FULL NAME Edward P. Jimmings

(a) Residence: No. 1035 Homeward Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Catherine M. Jimmings

6. DATE OF BIRTH (month, day, year) April 22 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	8 7	27	00 10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laboring Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore City

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Jimmings

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Annie Reddy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Catherine Jimmings

(Address) 1035 Homeward Ave

18. BURIAL, CREMATION, OR REMOVAL Our Cathedral Cem Date Jan 22, 1937

19. UNDERTAKER Edwin W. Conkling

(Address) 924 E Eager St.

20. DATE RECD JAN 20 1937 for Williams

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1936 to Jan. 19, 1937.

I last saw him alive on Jan 18, 1937. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Tuberculous Hip Disease secondary to T. B. of Chest. — Date of onset: Nov

Other contributory causes of importance: Bronchial Pneumonia

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Chest X-ray Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 ....

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) I. Littman, M. D.

(Address) 1304 E. Monument St

31382

HEALTH DEPARTMENT—CITY OF BALTIMORE

31382

CERTIFICATE OF DEATH

126

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hospital (Ward) 26-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Endlich

(a) Residence: No. 4206 E. Parkwood Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Endlich

6. DATE OF BIRTH (month, day, year) June 24-1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt Md

FATHER

13. NAME Albert Schwanke

14. BIRTHPLACE (city or town) (State or country) Germ

MOTHER

15. MAIDEN NAME Anna Tanner

16. BIRTHPLACE (city or town) (State or country) Germ

17. INFORMANT Charles Endlich

(Address) 4206 E Parkwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 6/22 1937

19. UNDERTAKER Leonard D Bush

(Address) 5305 Harford Rd

20. FILED JUN 29 1937 Arlington Williams, MD Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1937, to June 19, 1937. Death is said last named was alive on June 19, 1937. Death is said to have occurred on the date stated above, at 11 50/11 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction from impacted gall stone 1 wk	
Other contributory causes of importance: Chronic Cholecystitis	?

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No - If so, specify .....

(Signed) Frank R Stephenson M. D.

(Address) St. Joseph's Hospital

31383 HEALTH DEPARTMENT—CITY OF BALTIMORE E 31383

CERTIFICATE OF DEATH 121

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laureen Ann Smith

(a) Residence: No. Harford & Joppa Rds. St., Ward. Balto Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 30-193X

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
2	2 1/2	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James F Smith
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mildred M Hafler
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT James F. Smith
(Address) Harford & Joppa Rds

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 1/21, 1937

19. UNDERTAKER Leonard Keech
(Address) 5 E of Harford Rd

Filed JAN 20 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1937 to Jan 19, 1937. I last saw her alive on Jan 19, 1937. Death is said to have occurred on the date stated above, at 4 00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis (Ruptured)	1-15-37
Generalized Peritonitis	1-17-37
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1-17-37
For what disease or injury? Acute Appendicitis (Ruptured)
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank B Thompson, M. D.
(Address) St Joseph Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

F 31384

F 31384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hos. St. 27-16 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Karl F Schumann

(a) RESIDENCE NO. 4655 Park Heights Ave ST.. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 47 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	married

5a If married, widowed, or divorced • HUSBAND) of (or) Mary Louise Schumann

6 DATE OF BIRTH (month, day, and year) Aug. 8, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work newspaper worker

(b) General nature of industry, business, or establishment in which employed (or employer) Stereotyper

(c) Name of employer Balto. News Post.

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Mary Frances Schumann
(Address) 4655 Park Hts Aves.

15 Filed JAN 23 1937 Clayton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 18-1937

17

I HEREBY CERTIFY, That I attended deceased from 12/31/, 1936, to 1/18/, 1937

that I last saw h-im alive on 1/18/, 1937

and that death occurred, on the date stated above, at 7.00 A. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia over

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Abraham A. Levine M. D.

, 19 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem. DATE OF BURIAL Jan. 20 1937

20 UNDERTAKER Wm J Tickner & Sons ADDRESS North St

TION is very important. See instructions on back of certificates.

M. D. B 1268-9

F 31385 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓108 F 31385

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hos. St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elsie P. Carnes

if U. S. Veteran specify WAR .....

(a) Residence: No. 1045 N. Central Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) July 1 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43 44 45	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William B. Carnes

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Minnie Yokel

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Wm. B. Carnes

(Address) 1045 N. Central Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Jan 22 1937

19. UNDERTAKER Kenney Hosp. Funeral Home, Inc.

(Address) 1301 E. Eager St.

Jan 20 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema (Hx.)	
Lobar pneumonia	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. M. Magruder M. D.

Coroner

(Address) 1010 S. Edmondson Ave

V56 OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31386 F 31386

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1261 Riverside Ave. St., 24-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 27 ds. How long in U. S. If of foreign birth?. ..yrs. mos. ds.

2. FULL NAME Wallace M. Parks

(a) Residence: No. 1261 Riverside Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 22 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James H. Parks

14. BIRTHPLACE (city or town) (State or country) Middlesex Co. Va.

MOTHER

15. MAIDEN NAME Alice P. Davis

16. BIRTHPLACE (city or town) (State or country) Middlesex Co. Va

17. INFORMANT James H Parks

(Address) 1261 Riverside Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Middlesex Co Va. Date 1/21 19 37

19. UNDERTAKER L. Frew Mc Cully

(Address) 130 E Fort Ave

JAN 20 1937 Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19/37 X 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 19/37 19 to Jan 19/37 19

I last saw him alive on Jan 19/37 19 Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia — Date of onset Jan 19/37

Other contributory causes of importance:

None

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Colton M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

F 31387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-a F 31387

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital Ward 37-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr Albert Charles East.

If U.S. Veteran specify WAR ...

(a) Residence: No. 2904 Halcyon Ave, St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida E. East

6. DATE OF BIRTH (month, day, year) Aug. 9-1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stock Brok

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Robert P. East

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Anna Gibson

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 21 1937

19. UNDERTAKER George W. Zehler

(Address) 1737 E. Eager St.

20. FILED ... 19 ... Washington Williams, Registrar.

N 20193

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/18/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 1/13/37, 19 ... to 1/18/37, 19 ...

I last saw h[illegible] alive on 1/18/37 19 . Death is said to have occurred on the date stated above, at 2 7/8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive C-V Disease	1933
Cardiac failure	1/18/37
Other contributory causes of importance: Ruptured Gastric Ulcer (autopsy)	1/18/37

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Josiah A. Hunt. M. D.

(Address) Md. Gen. Hospital.

OCCUPATION is very important. See instructions on back of certificate.

F 31388

F 31388 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 49-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Sabina Hess

(a) Residence: No. 2019 Frederick Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard L. Hess

6. DATE OF BIRTH (month, day, year) About 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER

13. NAME Williams

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. L. Hess

(Address) Howard & Saratoga Sts.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Pl. Mt. Friendship Date Jany. 21 1937

19. UNDERTAKER David Lomardino & Son

(Address) 1902 Eastern Ave. Washington for Baltimore, Md.

20. FILED JAN 23 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20 37

22. I HEREBY CERTIFY, That I attended deceased from December 28, 1936, to January 20, 1937.

I last saw h.. alive on January 20, 1937. Death is said to have occurred on the date stated above, at 1 42 A.m.

The principal cause of death and related causes of importance were as follows:

Carcinomatosis (Ca of ovary) — Date of onset Not known

Other contributory causes of importance:

Was an operation performed? Yes Date of 12/30/36

For what disease or injury? Release of abdominal fluid

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. B. Smith M. D.

(Address) Union Mem. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31389 F 31389

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Fannie — Registered No.

CITY OF BALTIMORE: (No. Union Mem. Hosp. St. 15-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where dec'd 3 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Fannie Merican

(a) Residence: No. 3923 Bonner Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Abraham

6. DATE OF BIRTH (month, day, year) Jan 27, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
39	38	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philia Pa

FATHER

13. NAME Jacob Bilerman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Tillie Mellitz

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Abraham Merican (Address) 3923 Bonner Road

18. BURIAL, CREMATION, OR REMOVAL Beth Jacob Cmetery Date Jan 20, 1937

19. UNDERTAKER Sol Levinson & Bros (Address) 127 E Balto St

20. FILED JAN 20 1937, Registrar. Washington Nuhans, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/18/37 to 1/18/37

I last saw her alive on 1/18/37. Death is said to have occurred on the date stated above, at 6:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia, upper right	1/17/37

Other contributory causes of importance:

Mitral Stenosis	1/17/37
Myocardial insufficiency	1935

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Samuel N. Lo, M. D.

(Address) Union Memorial Hosp

OCCUPATION is very important. See INSTRUCTIONS ON THE BACK OF CERTIFICATE.

F 31390

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31390

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1026 Druid Hill Ave St., 17-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Johnson

If U.S Veteran specify WAR

(a) Residence: No 1026 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma B.

6. DATE OF BIRTH (month, day, year) April 3-1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Samuel Johnson

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Josephine ?

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Emma Johnson

(Address) 1026 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Mem. Pk. Date Jan. 20. 37 19

19. UNDERTAKER Mrs. Geo. N. Holland

(Address) 1631 Druid Hill Ave

20. FILED JAN 23 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 14 . 1937 to Jan 18 . 1937

I last saw him alive on Jan 18 . 1937 Death is said to have occurred on the date stated above, at 8.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance: Pyorrhea	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Physical Signs Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, when?

(Signed) H. L. Dumpkins M. D.

(Address) 501 N Hamburg St

M. D. B 1268-9

F 31391

31391 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St. 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Szymon Drega

(a) Residence: No. 426 S. Wolfe Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Drega

6. DATE OF BIRTH (month, day, year) About 1861

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
About, 76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Mary Drega (Wife)

(Address) 426 South Wolfe Street

18. BURIAL, CREMATION, OR REMOVAL

Place St, Stanislaus Date Jan, 22nd, 1937

19. UNDERTAKER George A Weber

(Address) 725 S Ann st

20. FILED JAN 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 19th, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Bronchial asthma

Date of onset

Other contributory causes of importance:

Bronchial asthma (Acute)

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. M. Knight, M. D. Coroner

(Address) 1010 S. Ellwood Ave.

STATE CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

F 31392

A-D-B 1268-9
31392

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 722 W. Redwood St. St. 4-B Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clara Parks

(a) Residence: No. 722 W. Redwood St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mack Parks

6. DATE OF BIRTH (month, day, year) 1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. W.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Wm. Roe

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sarah Smith

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mack Parks
(Address) 722 W. Redwood St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Jan 21, 1937

19. UNDERTAKER Mrs Katie R Phillippe
(Address) 322 E Lanvale St

Filed JAN 20 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16, 1937 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... . 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, what? .....

(Signed) H. K. Williams M. D.
Coroner

(Address) 3757 W. Lan[illegible]

OCCUPATION is very important. See instructions on back of certificate.

F 31393

31393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 525 S Caroline St. 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs.) mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Josephine Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 525 S Caroline St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Ernest Johnson

6. DATE OF BIRTH (month, day, year) 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Camden N.C.

FATHER

13. NAME Elijah Meriweather

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Mary Price

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Ernest Johnson

(Address) 525 S Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place South Mills N.C. Date Jan 22 1937

19. UNDERTAKER P. A. Williams

(Address) 1515 McCulloh St

Filed JAN 20 1937

Arlington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/14 1937 to 1/18 1937

I last saw her alive on 1/18 1937 Death is said to have occurred on the date stated above, at 4.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/14/37
Other contributory causes of importance:	
Hypertension	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bennie Harris M. D.

(Address) 1207 N Caroline St.

OCCUPATION is very important. See instructions on back of certificate.

F 31394 ✓ F 31394

HEALTH DEPARTMENT—CITY OF BALTIMORE

324079 × 134

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 1-5 E. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Walter Harkins

(a) Residence: No. Fallston (Usual place of abode) md St., ... Ward. ..... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 4/8/75

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None. Retired

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Thomas Harkins

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Mechen

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records.

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION OR REMOVAL

Place Cremation Date Jan 22 37

19. UNDERTAKER Wilson Sons

(Address) Fallston Md

20. D Registrar

JAN 20 1937

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1937, to Jan. 20, 1937.

I last saw him alive on Jan. 20, 1937. Death is said to have occurred on the date stated above, at 1:05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Renal Calculi	?
Chronic Urinary Tract Infection	?
- Uraemia	

Other contributory causes of importance:

Was an operation performed? Not Date of -

For what disease or injury? .....

What test confirmed diagnosis? X Ray Blood Urea Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel A. Lesh Jr. M. D.

(Address) J. H. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 31395

F 31395 4636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 7-3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Moses Galumbuck — If U.S. Veteran specify WAR .....

(a) Residence: No. 1012 - 4th St., ... Ward. Berkeley Va
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of deceased Freudkeah —

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8084

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham Galumbuck

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Norfolk, Va Date 1-20- 1937
per Henry Inc
1429 E. Balto St

19. UNDERTAKER
(Address)

20. FILED ..... Registrar.

20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1937, to Jan. 20, 1937

I last saw h.. alive on Jan. 20, 1937. Death is said to have occurred on the date stated above, at 2 10 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset (interval)
Generalized Arteriosclerosis & Hypertension	1-20-37
Heart Failure - Right Sided.	1-19-37
Bronchitis	
	over

Other contributory causes of importance:

Osteomyelitis Femur Neck, Right resulting from an old Gunshot Wound	30 yrs

Was an operation performed? Yes Date of Jan 18, 1937

For what disease or injury? Osteomyelitis Hip - (Femur) Left

Was there an autopsy? No

What test confirmed diagnosis? X-ray

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

21. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Milton C. Coby, M. D.

(Address) Johns Hopkins Hospital, Balto Md

1396 Dr. H. Paul Wheeler, M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31396

CERTIFICATE OF DEATH × 110

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St., 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos. 1 ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Howard Walters

If U.S. Veteran specify WAR

(a) Residence: No. Monkton, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 70	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bacts. Co (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) ? (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT Mrs. Geo. Harbaugh (Address) Corbynston, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Wesley Chapel Date Jan 21, 1937

Monkton Md

19. UNDERTAKER P. Manfredi & Son (Address) White Hall, Md

Huntington Williamson, Md

JAN 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-19-37

22. I HEREBY CERTIFY, That I attended deceased from 12 N - 1-19-37 19.. to 6 P.M. - 1-19-37 19..

I last saw h.. alive on 1-19-37, 19.. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infarct of lung	
Pleural effusion - right	
Arteriosclerosis	over

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ?

If so, specify

(Signed) Chas. W. Speer M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

31397 F 31397

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 16-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mon. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louise Wallie

(a) Residence: No. 1226 N Parrish St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. - 1937

10. Date deceased last worked at this occupation (month and year) -

11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Helen Nickum (Sister)
(Address) 1817 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL Johns Hopkins Med. Col. Jan 20 1937

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED ..... 19 ..... Registrar

JAN 20 1937

2918

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1937 to Jan 16, 1937. I last saw her alive on Jan 16, 1937. Death is said to have occurred on the date stated above, at 12 00 NOON

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Rheumatic Heart disease	?
Acute congestive heart failure	1 mo

Other contributory causes of importance:

Chronic Asthma

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19 .....

Where did injury occur? - (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place -

Manner of injury -

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank R Stephenson M. D.

(Address) St Joseph's Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 31398

31398

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital 16-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cornelius Jefferson ☐ U. S. Veteran specify WAR .....

(a) Residence: No. 1127 Whatcoats Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	unk

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) About 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unk

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Hospital Records. (Address) Provident Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Johns Hopkins Med. School Date Jan 20, 1937

19. UNDERTAKER Commissioner of Health
(Address) Per K. A. Moore

20. FILED Jan 20 1937

THE MORGUE 2920

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	Jan 8
Pulmonary Tuberculosis	1931 ?

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Jos. Allen M. D.

(Address) 501 Aisquith St Coroner

M. D. B 1268-9

31399

F 31399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

174

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 7-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Julians Vallejo

(a) Residence: No. Unknown St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	?

5a. If married, widowed, or divorced
HUSBAND of ?
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0056

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ?
(State or country)

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT Eastern Police Station
(Address) Balto. Md

18. BURIAL, CREMATION, OR REMOVAL
Place John Hopkins Med Sch Date Jan 20 1937

19. UNDERTAKER Commissioner of Health
(Address) Per M. A. Moore
Registered No. 2921

JAN 20 1937

THE MORGUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stab Wound Abdomen	

Other contributory causes of importance:

Peritonitis

Was an operation performed? Yes Date of Jan 2 37

For what disease or injury? Peritonitis

Name of operation Laparotomy Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide (Date of injury 1/1 1937

Where did injury occur? Broadway & Fleet St. Balto
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place On Street

Manner of injury Stabbed in abdomen with

Nature of injury a Pocket Knife

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Chenelos, M. D.
Coroner

(Address) 1912 E. Fayette Ave

Make CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

F 31400

F 31400 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

176

1-PLACE OF DEATH Franklin Square Hospital

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... ST 24-3 WARD)

2-FULL NAME Margaret Eidsman

(a) RESIDENCE NO. 1230 William St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How Long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11/10/1897

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sewing Machine Op

(b) General nature of industry, business, or establishment in which employed (or employer) Operator

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER John M Eidsman

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary M Griffin

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore Md

14 Informant J. J. Eidsman
(Address) 1230 Williams

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/19/37

17 I HEREBY CERTIFY, That I attended deceased from 1/14/, 1937, to 1/19/, 1937
that I last saw her alive on 1/19/, 1937
and that death occurred, on the date stated above, at 5.35 A. m.

The CAUSE OF DEATH* was as follows:

Surgical shock following cholecystolithotomy for stone & empyema of gall bladder.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Generalized Jaundice

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1/18/37

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) L. T. Battaglia M. D.

(Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem	1/21 1937
20 UNDERTAKER J. J. Baker & Son	ADDRESS 131 S Eutaw

JAN 20 1937

CAUSE OF DEATH must be filled in, so that it may be properly classified. Every question must be answered. TION is very important. See instructions on back of certificates.

✓ F 31401

31401 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

× 95-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2512 Madison Ave St.) (Ward) 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lottie Tolliver

If U. S. Veteran specify WAR .....

(a) Residence: No. 2512 Madison Ave St., Ward Shepherdstown W. Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER

13. NAME Anderson

14. BIRTHPLACE (city or town) (State or country) West Va.

MOTHER

15. MAIDEN NAME Ann Potts

16. BIRTHPLACE (city or town) (State or country) West Va

17. INFORMANT Lafayett Tolliver
(Address) 2512 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Shepherdstown W. Va. Date Jan 20th, 1937

19. UNDERTAKER Archibald U. Haddis
(Address) 2101 W. Lanvale St
Huntington West Virginia

20 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 19th, 1937 to Jan 19, 1937

I last saw h[illegible] alive on June 19, 1937 Death is said to have occurred on the date stated above, at 10.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3/10/37
Other contributory causes of importance:	
Hypertensive Heart Disease	2 mos.

Was an operation performed? no Date of none

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) A. Brad Thad Riggins M. D.

(Address) 2243 Madison Ave

✓ F 31462

31462

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH × 108

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1532 Argyle St., 9th (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. 1 mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Mary Ann McConnell

(a) Residence: No. 445 Willis Ave St., New York N.Y. Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 25-63

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
73	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME John McConnell

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Elizabeth Battersby

16. BIRTHPLACE (city or town) (State or country) N.Y. State

17. INFORMANT Mrs Doyle
(Address) 1532 Argyle

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Jan 21 1937

19. UNDERTAKER Rita Weddfeld
(Address) 914 Grimmond Ave

JAN 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1937 to January 19 1937
I last saw h[illegible] alive on Jan 18. 1937 Death is said to have occurred on the date stated above, at 7 50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 15 1937
Other contributory causes of importance: Heart failure	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Reginald J Tovey M. D.

(Address) 414 E North Ave

OCCUPATION is very important. See instructions on back of certificate.

F 31403

31403 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

23

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 134 E. Getting St. 24-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Leonard Bernard Henning

If U.S. Veteran specify WAR .....

(a) Residence: No. 134 E. Getting St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Sept 27-1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	18	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph Henning

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Bertha Rogers

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Joseph H. Henning Jr
(Address) 134 E. Getting St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross (Crematory) Jan 21, 37

19. UNDERTAKER Milton Schilling
(Address) 1122 E Monument

21. FILED Huntington Ave Jan 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936 to Jan 18, 1937

I last saw h[illegible] alive on Jan 18, 1937 Death is said to have occurred on the date stated above, at 2.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	8 mos.

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. J. Whittle M. D.

(Address) 1279 William St

SEE CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

JAN 20 1937

✓ F 31404

F 31404 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

172-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1106 Baylis St. St. 26-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth 60 yrs. mos. ds.

2. FULL NAME Elizabeth Cinpinski (Wagner) If U. S. Veteran specify WAR

(a) Residence: No. 1106 Baylis St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Cinpinski (deceased)

6. DATE OF BIRTH (month, day, year) Feb. 29, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	10	17 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Estelle Goetzal

(Address) 1106 Baylis St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem. Date Jan 21, 1937

19. UNDERTAKER M. J. Sadowski & Sons

(Address) 1804 Eastern Ave.

N 27 1937 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1936 to Jan 17, 1937

I last saw h[illegible] alive on Jan 17, 1937. Death is said to have occurred on the date stated above, at 7 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	Dec 11?

Other contributory causes of importance:

Arteriosclerosis — Hypertension

Myocarditis Endocarditis

Was an operation performed? yes. Date of Dec 31/36

For what disease or injury?

Name of operation Strangulated Umbilical Hernia Date of 12/31/36

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alma B Leonard M D M. D.

(Address) 718 N Patterson Park Ave

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

31405 STATE OF MARYLAND—CERTIFICATE OF DEATH 31405

82-a

1. PLACE OF DEATH

County ..... Registration Dist. No. .....

Village or City Baltimore Md No. 5504 Stuart Ave St. 14 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maryann Dorsey

(a) Residence: No. 5504 Stuart Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Dorsey

6. DATE OF BIRTH (month, day, and year) Aug 15, [illegible] 1869

7. AGE — Years: 67 | Months: 5 | Days: 4 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): England

MOTHER FATHER

13. NAME: Thomas Gordon

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Ann Lacy

16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT: Mrs Chas. A. Russell (Address) 5504 Stuart Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Date: Jan 21, 1937

19. UNDERTAKER: Loring Byers and Strathmore Ave

(Address) 3312 Huntington Ave Baltimore Md

20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Jan. (Month) 19 (Day), 1937 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 1 1936 to Jan 19 1937

I last saw h[illegible] alive on Jan 19 1937; death is said to have occurred on the date stated above, at 3.40 a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

arterio-Sclerosis — Date of onset: Apr/36

Other Contributory Causes of importance: Paralysis right side of body — Aug 1936 to Jan 19/37

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Sherman R. Trantz M. D.

(Address) 2601 Manhattan Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

✓ F 31406

31406

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 427 E 23rd St. 12-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Albert Graeme

If U.S. Veteran specify WAR

(a) Residence: No. 427 E 23rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Cornelia Graeme

6. DATE OF BIRTH (month, day, year) April 18 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
81 yrs	80	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister (Clergyman)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 001+

12. BIRTHPLACE (city or town) (State or country) Calvert Co, Md.

FATHER

13. NAME George Graeme

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER

15. MAIDEN NAME Sallie (?)

16. BIRTHPLACE (city or town) (State or country) Calvert Co.

17. INFORMANT Elizabeth Graeme Johnson

(Address) 427 E 23rd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Jan 21 37

19. UNDERTAKER Jno. Geo. N. Gaffard

(Address) 631 Reed Pkwy Ave.

20. FILED JAN 20 1937 Huntington Williams, Registrar

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/17/37

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1937 to Jan 17, 1937

I last saw him alive on Jan 17, 1937 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cardiac Angina 1936

Coronary Occlusion

Arterio-sclerosis.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. D. Julian M. D.

(Address) 434 E 23rd St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

31407

HEALTH DEPARTMENT—CITY OF BALTIMORE

31407

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 Lambeth Rd. St. 12-1 Ward)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John Herbert Gregory

(a) Residence: No. 204 Lambeth Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Ann Jones

6. DATE OF BIRTH (month, day, year) August 7, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Professional Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Consulting

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 41

12. BIRTHPLACE (city or town) (State or country) Cambridge, Mass.

FATHER

13. NAME John Tuttle Gregory

14. BIRTHPLACE (city or town) (State or country) Boylston, Mass.

MOTHER

15. MAIDEN NAME Mary Stone Gillett

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMANT Mrs. J. H. Gregory
(Address) 204 Lambeth Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date Jan 21st, 19 37

19. UNDERTAKER Henry H. Kerrigan Sons & Co.
(Address) Eutaw and Lexington Sts.

20. FILED JAN 21 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18, 19 37

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 19 37 to Jan 18, 19 37

I last saw him alive on Jan 18, 19 37. Death is said to have occurred on the date stated above, at 9.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	8.15 P.M.
Myocarditis	Sudden.
Chronic Nephritis	1922+

Other contributory causes of importance:
Arteriosclerosis

Name of operation None Date of ...

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Conrad Akerrompe M. D.

(Address) 8 W. Franklin St.

State CAUSE OF DEATH in plain terms. No abbreviations or symbols may be used. OCCUPATION is very important. See instructions on back of certificate.

F 31468

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31468

CERTIFICATE OF DEATH

157-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 13-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Anne Miller

If U.S. Veteran specify WAR .....

(a) Residence: No. 901 Chauncey Avenue Baltimore Ward. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 4 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Theodore (Ted) Miller

14. BIRTHPLACE (city or town) (State or country) Pittsburg Pa

MOTHER

15. MAIDEN NAME Leonora Shapiro

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Theodore Miller
(Address) 901 chauncey ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Hebrew Cemetery Date Jan 21 1937

19. UNDERTAKER Sol Levinson & Bros
(Address) 1127 E Baltimore st

Huntington Williamsport Md

JAN 21 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 19. 1937

22. I HEREBY CERTIFY, That I attended deceased from January 16. 1937 to January 19. 1937

I last saw h. alive on January 19. 1937 Death is said to have occurred on the date stated above, at 6:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Microcephalus	Birth

Other contributory causes of importance:

Pneumonia (Bron)	1/12/37
Otitis Media	

Was an operation performed? Yes Date of 1/13/37

For what disease or injury? Mastoidectomy

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John M. Wagner M. D.

(Address) University Hosp

OCCUPATION is very important. See instructions on back of certificate.

F 31409

F 31409 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

F 31409

CERTIFICATE OF DEATH

34-92-a

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. Registered No.

CITY OF BALTIMORE: (No. St., 12-6 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Venicio Tavares If U. S. Veteran specify WAR --

(a) Residence: No. 1822 Poplar St., St. Philadelphia, Pa. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jeannette ?

6. DATE OF BIRTH (month, day, year) ? 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
44	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant Seaman

10. Date deceased last worked at this occupation (month and year) 11-29-36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Praia (State or country) Cape Verde Islands

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records, U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date Jan. 21, 1937

19. UNDERTAKER E. LeRoy Stafflebeam (Address) 1525 Eutaw Place

20. FILED JAN 21 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 30, 1936 to January 17, 1937

I last saw him alive on January 17, 1937. Death is said to have occurred on the date stated above, at 8:20a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis, tertiary, cardiovascular	Over 3 mos.
Cardiac disease, valvular, combined lesions, aortic & mitral with decompensation	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) T. M. H. Anderson, M. D.

(Address) U.S. Marine Hospital, Balto.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Indefinite statements such as OCCUPATION is very important. See instructions on back of certificate.

v 8 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31410 — CERTIFICATE OF DEATH — 94-8 F 31410

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 834 W 37th St. 13-7 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ernest M. Moore.

If U.S. Veteran specify WAR .....

(a) Residence: No. 834 W 37th St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Lady E. Moore.

6. DATE OF BIRTH (month, day, year) Sept 9, 1869.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sergeant 1061

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Northern Police District

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (if known) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Vincent Moore.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Gordy.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Genevieve Moore
(Address) 834 W 37th St.

18. BURIAL, CREMATION, OR REMOVAL
London Park Date Jan 22, 1937

19. UNDERTAKER Ehrenworth & Sn.
(Address) 3615-17 Chestnut Ave

Filed JAN 21 1937 [illegible] (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 16th 1936 to Jan 19th 1937

I last saw him alive on Jan 19th, 1937 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	11-16-36.

Other contributory causes of importance:

Was an operation performed? no. Date of .....

For what disease or injury? —

What test confirmed diagnosis? clinical. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no. Date of injury ....., 19.....

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury none

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) L. L. Gordy, M. D.

(Address) 5106 Harford Rd

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-8 F 31411

Registered No. 31411

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) In front of 1510 W. Baltimore St. (Ward) 20-1

Length of residence in city or town where death occurred 43 yrs. 6 mos. 25 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James T. Chamberlain.

(a) Residence: No. 1913 W. Fayette St. St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) June 25, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron worker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1079

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James T. Chamberlain.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Hannah Forwood.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Jessie V. Copenspire. (sister)
(Address) 1913 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Elkridge M.E. Cem. Date 1/22, 1937

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Holbrook
Lexington Williams, Asst.

20. FILED JAN 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained at said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto E. Reinhardt, M. D.
Coroner

1/20/37 (Address) 1017 S. Charles St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s 6

F 31412

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31412

CERTIFICATE OF DEATH

104-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Infy St. 4-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Sophie Hellwig

If U.S. Veteran specify WAR NONE

(a) Residence: No. 416-W-Pratt St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or race White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Aug-8-1869

7. AGE: Years 67 | Months 5 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Julius W. Hellwig

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophie Edeler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Otto J. Hellwig (Bro.)

(Address) 416 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lindenwald Date Jan. 21 1937

19. UNDERTAKER Stewart & Mann Company

(Address) 108 W. Fayette St.

20. FILED JAN 21 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19, 1937.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1937, to Jan. 19, 1937

I last saw her alive on Jan. 19, 1937. Death is said to have occurred on the date stated above, at 4:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, pneumococcus	1/4/37
Other contributory causes of importance:	
Pneumococcus meningitis	1/15/37

Was an operation performed? no. Date of

For what disease or injury?

What test confirmed diagnosis? Clin. Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) John A. Myers, M. D.

(Address) Church Home & Inf.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 31413

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31413

CERTIFICATE OF DEATH

93-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1905 E La Fayette Ave St. 8-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Arthur Smith Boehm

If U.S. Veteran specify WAR .....

(a) Residence: No. 1905 E La Fayette Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Boehm

6. DATE OF BIRTH (month, day, year) May 2 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrical Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electric Controller

10. Date deceased last worked at this occupation (month and year) 1/7/37

11. Total time (years) spent in this occupation Eighteen

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Boehm

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Lillah Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Helen Boehm

(Address) 1905 E La Fayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 22 37

19. UNDERTAKER John H Albert

(Address) 2008 Gilmor St

20. FILED ..... 19 ..... Registrar

JAN 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19 1937

22. I HEREBY CERTIFY, That I attended deceased from January 2 1937 to January 19 1937

I last saw him alive on January 19 1937 Death is said to have occurred on the date stated above, at 10-2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia terminating in Pulmonary Edema	Jan 16
Other contributory causes of importance: Auriculor fibrulation. Arterio Sclerosis Hypocondrite	6 Yr 6 Days

Was an operation performed? No Date of .....

For what disease or injury? No

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Amelia E. Lindy M. D.

(Address) 1717 N. Caroline St

SIGN CAUSES OF DEATH IN PLAIN TERMS, so that they may be understood. OCCUPATION is very important. See instructions on back of certificate.

F 31414

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31414

CERTIFICATE OF DEATH

46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 9-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs George H Vanderheide (Gertrude)

(a) Residence: No. 2760 Fenwick Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mr George H Vanderheide

6. DATE OF BIRTH (month, day, year) May 13, 1879.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	57	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Mr Charles S. Yorkell

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Miss Delilah J Hall(L)

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Geo Vanderheide (Address) 2760 Fenwick Ave

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date Jan 22 19 37

19. UNDERTAKER John Ullman (Address) 2008 Orleans St

20. FILED JAN 21 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 6th 1937 to Jan 18 1937

I last saw her alive on Jan 17 1937 Death is said to have occurred on the date stated above, at 6:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute hemorrhagic pancreatitis	1-5-37

Other contributory causes of importance:

Malignancy - pancreas or G-I tract	(2)

Was an operation performed? Yes Date of 1-13-37

For what disease or injury? Exploratory laparotomy

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Wilbur Mc... M. D.

(Address) ...

State CAUSE OF DEATH in plain terms so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

F 31415

M. D. B. 1268-9

F 31415 HEALTH DEPARTMENT—CITY OF BALTIMORE

95-a

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore Eye Ear & Throat Hospital
CITY OF BALTIMORE: (No. 1214 Eutaw Pl. St., 11 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter Jackson Thomas
(a) Residence: No. 9 Garfield, Carroll County Ward Maryland
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Virginia Thomas

6. DATE OF BIRTH (month, day, year) May 5, 72

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11 30 | 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Howard Cty. Md

FATHER

13. NAME [illegible] Thomas
14. BIRTHPLACE (city or town) (State or country) Howard Cty

MOTHER

15. MAIDEN NAME [illegible]
16. BIRTHPLACE (city or town) (State or country) Howard Cty

17. INFORMANT [illegible]
(Address) [illegible]

18. BURIAL, CREMATION, OR REMOVAL Lutherville Md Date Jan 23 1937
19. UNDERTAKER Rose & Lord Inc
(Address) Lutherville Md.

20. FILED ... 19 ... Registrar

N 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1. 21 1937

22. I HEREBY CERTIFY, That I attended deceased from 1. 10 1937 to 1. 21 1937
I last saw h.m alive on 1. 20 1937. Death is said to have occurred on the date stated above, at 6:10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Failure & Complete Heart Block	

Other contributory causes of importance:
Hardening of Arteries Essential Hypertension

Name of operation Cataract Extraction Date of 1.11.37
What test confirmed diagnosis? Removal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J Edwin Kroncke Jr. M. D.
(Address) 1214 Eutaw Place

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

No. 3

F 31416

M. D. B 15

F 31416

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓210-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 707 S Rose St

CITY OF BALTIMORE: (No. ..... St. 1-3 Ward)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Schlueter

(a) Residence: No. 707 S Rose St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie Schlueter

6. DATE OF BIRTH (month, day, year) Mar 19 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	9	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Digger

9. Industry or business in which work was done, as silk mill, lumber camp, bank, etc. Const Co

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Julius Schlueter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Elsie Schlueter (wife)
(Address) 700 S. Rose St

18. BURIAL, CREMATION, OR REMOVAL
St. Pauls 5th. Ref. Ch. Cem. Date Jan 21. 1937

19. UNDERTAKER Henry Sander & Sons Inc Henry F. Sander
(Address) Baltimore St & Broadway

20. FILED JAN 27 1937 Huntington Williamsburg N.Y.

MEDICAL CERTIFICATE OF DEATH 4-10-37

21. DATE OF DEATH (month, day, year) 1-18-37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	12-17-36
Fractured Ribs	

Other contributory causes of importance: Pneumonia Terminal | 1-17-37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 12-17-36

Where did injury occur? Hudson & Linwood
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Auto c Auto truck

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Hulbert Yaste M. D.
Coroner

(Address) 407 N Charles St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 27 1937

F 31417

F 31417 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2413 E Fairmount Ave Ward) A-2

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Daniel Metnick

(a) Residence: No. 2413 E. Fairmount St., Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	Wht	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Harris Metnick

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Sarah SCHILLER

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Jerome Metnick

(Address) 238 N. Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship Date 1/21/37 19

19. UNDERTAKER Jos. Levin Sons

(Address) 1439 E. Balto St

20. FILED JAN 21 1937 Washington Pollard

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20-37 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 19 37 to Jan 20 19 37

I last saw h[illegible] alive on Jan 19 19 37 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cer. Hemorrhage	10 yrs
Cer. Thrombosis	

Other contributory causes of importance:

Chronic Myocarditis Hypertension

Was an operation performed? Date of

For what disease or injury?

Nature of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 106 N. Mulberry St.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 314 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31418

CERTIFICATE OF DEATH 34-59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 3-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.

2. FULL NAME Jacob Abrams

If U.S. Veteran specify WAR .....

(a) Residence: No. 1637 E. Balto St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Pearl Abrams

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abram

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Abram

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Record.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Cedar Hill Date 1/21/37, 19

19. UNDERTAKER Paul Levin & Bro

(Address) 1439 E. Balto St

Washington Williams, M.D.

Registrar.

JAN 21 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-16-37, 19..., to 1-20-37, 19...

I last saw him alive on 1-20, 1937. Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis of cerebral artery	
Hypertension	
Diabetes mellitus	
Syphilis	
Other contributory causes of importance:	
Cardiac hypertrophy + dilatation	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Levin M. D.

(Address) Sinai Hospital

F 31419

31419 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1047 N. Broadway Ward) 7-4

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sara Freedman

(a) Residence: No. 1047 N. Broadway St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Aaron Freedman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mr. Freedman - Son
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date 1-21-37 19

19. UNDERTAKER Jos. H. Levi Inc.
(Address) 1439 E. Baltimore St.

20. FILED 1-21 19 37 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/20/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1/15 1937, to 1/20 1937.

I last saw her alive on 1/20 1937 Death is said to have occurred on the date stated above, at 10:15 m.

The principal cause of death and related causes of importance were as follows:

Acute Lobar Pneumonia — Date of onset 1/14/37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) David Krumholz M. D.

(Address) 1211 W Lee St

JAN 21 1937

State CAUSE OF DEATH in plain terms so that any physician may understand it. OCCUPATION is very important. See instructions on back of certificate.

F 31420 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33420

CERTIFICATE OF DEATH

6-5 59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 27 yrs. ..... mos. ..... ds.

2. FULL NAME Elsie Cohen

If U.S. Veteran specify WAR .....

(a) Residence: No. 15 N. Broadway Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry

6. DATE OF BIRTH (month, day, year) 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 20 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 1/24/37 19

19. UNDERTAKER Levy Bros

(Address) 1934 E. Baltimore St.

20. FILED JAN 21 1937 Wilmington, Delaware, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-19, 1937 to 1-21, 1937

I last saw her alive on 1-21, 1937 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardiovascular Disease	
Diabetes	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M Koehler, M. D.

(Address) Sinai Hosp.

BE CAUSE OF DEATH in plain terms, so that it may be properly classified.
OCCUPATION is very important. See instructions on back of certificate.

F 31421

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31421

CERTIFICATE OF DEATH

210-D

1. PLACE OF DEATH City Hospitals (2) 7-5 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard Jones If U. S. Veteran specify WAR

(a) Residence: No. 1538 McElderry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore 0074

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thaelen Jones

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Eliza Jones

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Anna Brady (Address) 1538 McElderry St

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date 1/22, 1937

19. UNDERTAKER Frances A. Hemsley (Address) 578 N. Biddle st.

20. FILED 19 [illegible]

MEDICAL CERTIFICATE OF DEATH 1.50 AM

21. DATE OF DEATH (month, day, year) 1-17-37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of Injury 1-17, 19 37

Where did injury occur? Ft. Covington Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury While bathing Boat or Ferry

Nature of injury Drowned Accidental

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Helen Gurley Brown, M. D.
Coroner

(Address) 202 N. Charles

vss

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 21 1937

F 31422

HEALTH DEPARTMENT—CITY OF BALTIMORE

31422

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH Md. General Hospital

CITY OF BALTIMORE: (No. ..... St. 9-B Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert T. Moore.

If U.S. Veteran specify WAR .....

(a) Residence: No. 704 E. 37th Street Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernestine Moore

6. DATE OF BIRTH (month, day, year) June 2, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A. B. Dick Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Winterville Ga

FATHER

13. NAME Robert T. Moore

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Arabella Dillard

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Mrs. Ernestine W. Moore

(Address) 704 E. 37th St.

18. BURIAL, CREMATION, OR REMOVAL. Place Tampa, Fla. Jan. 21, 37

19. UNDERTAKER Wm. H. Keyser Sons

(Address) Howard & Eutaw Sts.

20. FILED JAN 21 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-11, 1937, to 1-17, 1937

I last saw h[illegible] alive on 1-17, 1937 Death is said to have occurred on the date stated above, at 5:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Coronary Thrombosis	
Other contributory causes of importance: Chronic Cholecystitis	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C. L. Cowgill M. D.

Maryland Gen'l. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31423

F 31423 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4405 Wickford Road St., 27-44 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. 4 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Dietrich Louis

If U.S Veteran specify WAR

(a) Residence: No. 4405 Wickford Road. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Marie Louis

6. DATE OF BIRTH (month, day, year) August 26th 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Box Mfgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.D. Dreyer Co., 0045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Louis

14. BIRTHPLACE (city or town) (State or country) Waldeck, Germany.

MOTHER

15. MAIDEN NAME Radecke

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Eleanore Louis
(Address) 4405 Wickford Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date Jan 22nd 19 37

19. UNDERTAKER Jno. J. Beckenhauer & Sons
(Address) 1-1200

JAN 21 1937 [illegible] Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 20th, 19 37

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on Jan 20, 1937 to , 1937

I last saw him alive on January 20, 1937. Death is said to have occurred on the date stated above, at 6:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage or Embolism	

Other contributory causes of importance:

Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank R. Smith, M. D.

(Address) 4401 Wickford Road

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31424 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 31424

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3344 Mondawmin Ave. Ward) 19-7

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 5 mos. 29 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Winfield Scott.

If U.S. Veteran specify WAR .....

(a) Residence: No. 3344 Mondawmin Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Anne E. Scott.

6. DATE OF BIRTH (month, day, year) July 21, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stamper & Designer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Art Needlework

10. Date deceased last worked at this occupation (month and year) 0002

11. Total time (years) spent in this occupation Balto.

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Scott.

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Ann Wilson

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Mrs Anne E. Scott.

(Address) 3344 Mondawmin Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Jan. 22 1937

19. UNDERTAKER Wm. Pickpus Sons.

(Address) North & Paines.

20. FILED JAN 21 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1/34, 19..., to Jan 19/37, 19...

I last saw h[illegible] alive on Jan 18, 1937. Death is said to have occurred on the date stated above, at 11.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	?
Hypertension	about 3 yrs
Myocarditis (chronic)	
Other contributory causes of importance:	
Arterio-sclerosis	?

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ~~(Specify city or town)~~ (county, and State)

Specify whether injury occurred in ~~industry~~, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter L. Mitchell M. D.

(Address) 2220 Harlem Blvd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

31425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31425

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2227 Pennsylvania Ave) St., Ward

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Angela Mentis

If U.S Veteran specify WAR .....

(a) Residence: No. 2227 Pennsylvania Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Mentis

6. DATE OF BIRTH (month, day, year) Aug 15 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Nicholas Failla
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rosa Commerrata
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mr Peter Mentis
(Address) 2227 Pennsylvania Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 22 1937

19. UNDERTAKER William H Pfeltner & Sons
(Address) North & Penna Ave

20. FILED JAN 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 4 1937 to Jan 18 1937

I last saw h[illegible] alive on Jan 18 1937. Death is said to have occurred on the date stated above, at 6 00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - St. breast.	
Other contributory causes of importance:	
Lobar Pneumonia - L.L.	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) George Covatto M. D.

(Address) 1212 St Paul St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 2-22-28—L. F. 6—500 Bks.

F 31426

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31426

31426

✓ 23

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 832 Franklintown Rd ST., 16-6 WARD)

2—FULL NAME William Frederick Munck

(a) RESIDENCE NO. 832 Franklintown Rd ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Daisy H. Munck

6 DATE OF BIRTH (month, day, and year): March 5, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): 0015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Munck

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Christina Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs Daisy Munck

(Address): 832 Franklintown Rd

15 Filed ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 18, 1937

17 I HEREBY CERTIFY, That I attended deceased from Dec 23, 1936, to Jan 18, 1937, that I last saw h.. alive on Jan 18, 1937, and that death occurred, on the date stated above, at 11 00 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinical & Laboratory

(Signed) D. Walter Spurrier M.D., M. D.

, 19 (Address) 3603 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loretto Cemetery	Jan 21 1937
20 UNDERTAKER: Wm. J. Leitner & Son	ADDRESS: North Ave

IMPORTANT. See instructions on back of certificates.

F 31427

32783 32427

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-S Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Jas. C Mason

(a) Residence: No. Belalton Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 1/25/02

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer do do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Charley Butler

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Mary Mason

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Belalton Md. Date 1/24 1937

19. UNDERTAKER James T. Ryan Inc
(Address) 3120 Pa Ave DC Wash. DC

20. FILED Lexington [illegible] M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1937 to Jan 20, 1937.

I last saw him alive on Jan 20, 1937. Death is said to have occurred on the date stated above, at 7a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphylococcus Septicemia	1-7-37
Other contributory causes of importance: Broncho-pneumonia	1-10-37

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Blood culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Frederick C. Wood jr. M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31428

CERTIFICATE OF DEATH

23 F 31428

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., (Ward) 3

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U.S. Veteran specify WAR No Record

2. FULL NAME Thomas Higdon

(a) Residence: No. 525 N. Eutaw St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of ~~WIFE~~ of Bernada Higdon

6. DATE OF BIRTH (month, day, year) Nov 15 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sign 0050

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Thomas F. Higdon

14. BIRTHPLACE (city or town) Harford Co (State or country) Md

MOTHER

15. MAIDEN NAME Georgia A. Lewis

16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT Dora Alexander (Address) Reid-Englewood Ave Catonsville

18. BURIAL, CREMATION, OR REMOVAL Place Balto Date Jan 21st 1937

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED JAN 21 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 1937 to Jan 19 1937

I last saw him alive on Jan 19 1937 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Pulmonary Tbc.	?

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? X-Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Earl Lindsay M. D.

(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31429 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31429

92-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2138 Aiken St., 9-8 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louise Bertha Tolson

If U.S. Veteran specify WAR No Record

(a) Residence: No. 2138 Aiken St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Wesley Tolson

6. DATE OF BIRTH (month, day, year) Feb 2 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frederick Zeigler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Baiuer

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Albert Wesley Tolson

(Address) 2138 Aiken St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Jan 22nd 1937

19. UNDERTAKER Williams Cook Co

(Address) 217 St Paul Street

20. FILED ... 19 ... Registrar.

N 21 1937 Covington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1937 to Jan 18 1937

I last saw h[illegible] alive on Jan 18 1937, Death is said to have occurred on the date stated above, at 12:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Epidemic Colitis	
Hypertension Heart	
Mitral Insuff	
Other contributory causes of importance:	
Cerebral Hemorrhage	

Was an operation performed? no Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Calvin W. Bowers M. D.

(Address) 1812 N. Broadway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B F 31430

1. PLACE OF DEATH South Baltimore General Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... 21-1 Ward)

Registered No. .....

Length of residence in city or town where death occurred 11 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME John Eitel

(a) Residence: No. 749 W. Carroll St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 12 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	3	8/12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Balt.

10. Date deceased last worked at this occupation (month and year) 1902

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Anne M Hirsch 749 Carroll St

18. BURIAL, CREMATION, OR REMOVAL Holy Cathedral Date 1/23, 1937

19. UNDERTAKER (Address) Fulton M Cook 1217 E Fayette St

20. FILED JAN 21 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-2, 1937 to 1-20, 1937

I last saw him alive on 1-20, 1937 Death is said to have occurred on the date stated above, at 4 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Carcinoma of Pancreas	
2 Carcinoma of Stomach	
Other contributory causes of importance: Malnutrition	3

Was an operation performed? Yes Date of 1/5/37

For what disease or injury? Carcinoma of Stomach

Name of operation Spinx Gastrostomy Date of 1/5/37

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Louis J. Krall M. D.

(Address) South Baltimore Gen. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vs 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31431

CERTIFICATE OF DEATH

131 F 31431

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2737 Ashland Ave Ward 7-2)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Christian Martin

(a) Residence: No. 2737 Ashland Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kat Catherine Martin

6. DATE OF BIRTH (month, day, year) Dec. 15 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Geo. Martin

14. BIRTHPLACE (city or town) (State or country) unkown

MOTHER

15. MAIDEN NAME Fredricka Rasquay

16. BIRTHPLACE (city or town) (State or country) Unkown

17. INFORMANT Joseph E. Martin
(Address) 2737 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan. 22 37

19. UNDERTAKER Philip Herring Sons
(Address) 2116 Eutaw St

20. FILED JAN 21 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18 1937 to Jan 20 1937

I last saw h alive on Jan 19 1937 Death is said to have occurred on the date stated above, at 12:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (right)	1/18/37
Other contributory causes of importance:	
hypertension, arterio-sclerosis,	?
Chr. nephritis, cardiitis	

Was an operation performed? no Date of —

For what disease or injury?

What test confirmed diagnosis? clinical findings Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) L. C Schlegel M. D.

(Address) 447 N. Kenwood Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31432 ✓ F 31432

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 22-2 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S Veteran specify WAR. .....

2. FULL NAME Edward Hall

(a) Residence: No. 512 Conway St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agness Hall

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Nathan Hall

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Jane Smith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mable Naughton
(Address) 720 Carrolton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 1/23 37

19. UNDERTAKER Wm H Jackson & Sons
(Address) 916 W Fayette

FILED JAN 21 1937 Ft Lington Matthews M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17, 1937 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, give

(Signed) F. R. Dreher M. D.
Coroner

(Address) 2757 Lemmon St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31433

F 31433 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2130 Herbert St 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James A. Lloyd

If U.S. Veteran —— specify WAR .....

(a) Residence: No. 2130 Herbert St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of —— (or) WIFE of ——

6. DATE OF BIRTH (month, day, year) June 23rd 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	27, 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Edward Lloyd

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Edna N. Allen

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Edward Lloyd

(Address) 2130 Herbert st

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 1/21, 1937

19. UNDERTAKER Nathan Rosen 1210 E Fort Ave

(Address)

JAN 21 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan 19th, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-17, 1937, to 1-19, 1937

I last saw h— alive on 1-19, 1937 Death is said to have occurred on the date stated above, at 3:30 P. m.

The principal cause of death and related causes of importance were as follows:

Bilateral Bronchopneumonia — Date of onset 1-17-37

Other contributory causes of importance:

none

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Nathan Rosen, M. D.

(Address) 2065 gilmor st

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

31434 5

✓ F 31434

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 152

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 7-5 (or Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Wm T Fralin

(a) Residence: No. Rising Sun, Md st., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Robt L Fralin

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Ollie Turner

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Boyd Date Jany 23 1937

19. UNDERTAKER John Ortitesdell & Sons

(Address) 1900 Eutaw Place

20. FILED JAN 21 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1937 to Jan 20 1937

I last saw him alive on Jan 20 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolus.	
Cellulitis-Lymphangitis	
Lymphadenitis Left Axil. Leg.	
Other contributory causes of importance:	

Was an operation performed? none Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Lemann M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

31435 ✓ F 31435

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 9-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Alice Beall

(a) Residence: No. 510 E 21st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 1, 1919

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
17	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Everett Beall

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Alice McDermott

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mother

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 1/22/37

19. UNDERTAKER George D. Pentz & Sons

(Address) 1726 Pennsylvania Ave

[illegible] Washington Blvd

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1937, to Jan 19, 1937

I last saw her alive on Jan 19, 1937. Death is said to have occurred on the date stated above, at 8 05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Meningococcus meningitis	1-13-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Francis D. Schwentker, M. D.

(Address) Sydenham Hospital

AN 21 1937

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31436

31436

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

104

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 E. Eager St., 7-H Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph H Distanel

(a) Residence: No. 1619 E. Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Distanel

6. DATE OF BIRTH (month, day, year) 5-1-1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Co. (State or country) Md.

FATHER

13. NAME Louis Distanel

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Martha

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Pearl Allen

(Address) 1619 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem. Date 1-22-1937

19. UNDERTAKER Bryson & Daniels & Wright

(Address) 218 N. Caroline St

20. FILED 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1937, to Jan 19, 1937

I last saw him alive on 19, 1937 Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 13
Other contributory causes of importance: None	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation Clinical Diagnosis

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) M. A. Jacobs, M. D.

(Address) 1735 N. Bentalou St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 21 1937

M. D. F. 1268-9

F 31437

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31437

53-E

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen'l Hosp St., ... Ward) 2

Length of residence (in city or town where death occurred) ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Georgia Howe

(a) Residence: No. 718 Lenox Street ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W Howe

6. DATE OF BIRTH (month, day, year) Oct 8. 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year) Early

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Roger Tyson

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Sarah A Bailey

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT John W Howe
(Address) 718 Lenox St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 23rd 37

19. UNDERTAKER Peters & Lee
(Address) 1217 Pennsylvania Ave

19a. FILED JAN 21 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/20/37 19

22. I HEREBY CERTIFY, That I attended deceased from 1/4/37 19 to 1/20/37 19

I last saw her alive on 1/20/37 19 Death is said to have occurred on the date stated above, at 1300 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis of abdomen	6/1/36?
Grinding leasion unknown	

Other contributory causes of importance:

Name of operation Exploratory Laparotomy and Biopsy Date of 1/12/37

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, how? .....

(Signed) Howard Thos A Kelly M. D.

(Address) West Balto Gen'l Hosp.

Information should be carefully supplied. Age should be given as nearly as possible. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 31438

31438

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 157-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHN HOPKINS HOSPITAL St., 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... dys. How long in U. S. If of foreign birth? one hour yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Twile M. Peters

(a) Residence: No. 119 Maine St. Gallitzen Pa St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 5.1929

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Albert Peters

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Hazel Conway

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs Hazel Peters

(Address) Gallitzen Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Gallitzen Pa., Date Jany 23.1937

19. UNDERTAKER John O. Mitchell & Sons

1900 Eutaw Place

20. FILED JAN 21 1937, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 21.1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy found that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus	one

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schuster Coroner, M. D.

(Address) 1919 E. North Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31439 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ F 31439

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1510 Eutaw Place 14-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Naomi Christodoulou

If U.S. Veteran specify WAR ....

(a) Residence: No. 1510 Eutaw Place St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Nick Christodoulou

6. DATE OF BIRTH (month, day, year): May 19, 1906

7. AGE: Years 30 | Months 8 | Days 0 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Berkeley Springs W. Va.

FATHER

13. NAME: William Hodday

14. BIRTHPLACE (city or town) (State or country): W. Va.

MOTHER

15. MAIDEN NAME: Lethia Barker

16. BIRTHPLACE (city or town) (State or country): W. Va.

17. INFORMANT: Mr. Nick Christodoulou

(Address) 1510 Eutaw Place.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Olivet Cem. Date: Jan. 22 37

19. UNDERTAKER: Wm. Tickley Sons

(Address) North & Paca.

20. FILED: Huntington Williams, Registrar

JAN 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1937 to Jan. 19, 1937

that I last saw her alive on Jan. 19, 1937 Death is said to have occurred on the date stated above, at 6.45a m.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia — Date of onset: Jan. 14, 1937

Other contributory causes of importance:

Mitral and tricuspid Stenosis — 1931

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Urinanalysis Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) S. Kendig Wallace M. D.

(Address) 2839 Walbrook Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

32325 31440

F 31440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 12-7 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter Wright

If U.S. Veteran specify WAR

(a) Residence: No. 2414 Mad St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/12/98

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Henry Wright

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Alice White

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Johns Hopkins Med. Sch. Jan. 21, 1937

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

Registrar.

JAN 21 1937

2922 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937 to Jan 13, 1937

I last saw h... alive on Jan 13, 1937 Death is said to have occurred on the date stated above, at 6:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolus	1-2-36
Perforated gastric ulcer	
Peritonitis	

Other contributory causes of importance:

Was an operation performed? yes Date of Exploration 1-8-37

For what disease or injury? Perforated gastric ulcer

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wilburn Gray Watson, M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31441

F 31441 992

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Baby Boy Carter

(a) Residence: No. 1809 E Biddle St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/16/37

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Lee Carter

14. BIRTHPLACE (city or town) (State or country) S.C

MOTHER

15. MAIDEN NAME Lizzie Chalk

16. BIRTHPLACE (city or town) (State or country) S.C

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Johns Hopkins Med. School Jan. 21, 1937

19. UNDERTAKER Commissioner of Health

(Address) Per N. E. Moore

Filed JAN 21 1937 Huntington Titus Registrar

2923

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1937 to Jan 17, 1937

I last saw h... alive on Jan 17, 1937 Death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Lydia B Edwards, M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31442

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31442

94-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat) (Ward) 4-1

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 11 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward F. Burke

If U.S. Veteran specify WAR .....

(a) Residence: No. # 210 E. Biddle St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 16-1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Robert Burke

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Alice Ryan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Regina A. Kennedy

(Address) 210 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 1/22 1937

19. UNDERTAKER Henry H. Mears & Son

(Address) 802 N. Calvert St.

JAN 21 1937

Registrar.

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19 1937

22. I HEREBY CERTIFY, That I attended deceased from October 7 1933 to Jan 19 1937

I last saw him alive on Jan. 19 1937. Death is said to have occurred on the date stated above, at 10:15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General arteriosclerosis	?
Senile psychosis due to organic lesion of left side Brain	5 yrs.
Other contributory causes of importance:	
Coronary thrombosis	4 hrs.

Was an operation performed? ... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify .....

(Signed) Barnum P. Alagia M. D.

(Address) 3326 Fredericksburg

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 31443

31443 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-C

CERTIFICATE OF DEATH

Registered No. 27-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 303 Edgevale Road, Roland Park St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME SIDNEY T. MANNING

If U. S. Veteran specify WAR .....

(a) Residence: No. 303 Edgevale Road, Roland Park St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - Jane V. Manning

6. DATE OF BIRTH (month, day, year) Nov. 18, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman- 0616

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coffee Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland, Md.

FATHER

13. NAME Charles P. Manning

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Mary Jeanette Thruston

16. BIRTHPLACE (city or town) (State or country) Conn.

17. INFORMANT Mrs. Jane V. Manning
(Address) 303 Edgevale Road

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemetery Date Jan. 23, 1937

19. UNDERTAKER Chas F. Fraut & Son
(Address) 118 W. Mt. Royal Ave

N 21 1937

..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1936, to Jan. 20, 1937

I last saw him alive on Jan. 20, 1937. Death is said to have occurred on the date stated above, at 10.10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Aug. 36
Myocardial degeneration	Jan. 37

Other contributory causes of importance:

None discovered.

Was an operation performed? No Date of -

For what disease or injury? None

Name of operation None Date of -

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify None

(Signed) Frank N. Ogden, M. D.

(Address) 1701 N. Calvert St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 31444

HEALTH DEPARTMENT—CITY OF BALTIMORE

31444

CERTIFICATE OF DEATH

210-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp. St., 7-3 Ward)

Length of residence in city or town where death occurred 51 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah Levy.

(a) Residence: No. 6197 Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late David.

6. DATE OF BIRTH (month, day, year) 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Benj. Levy. (Address) 2219 Orem Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rest Date Jan. 21, 1937

19. UNDERTAKER Sol Levinson & Bros. (Address) 1127 E. Balto St.

FILED JAN 21 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Intracerebral Hemorrhage	
Arterial Sclerosis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ACC Date of injury 1-20, 1937

Where did injury occur? Hotel Nassau Broadway
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Fell in front of Vehicle crossing St.

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Thos. Kinsley Coroner, M. D.

(Address) 217 N. Eutaw

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31445 93-D F 31445

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 N Fulton Ave 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sallie Boarman

If U. S. Veteran specify WAR

(a) Residence: No. 515 N Fulton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 25 1846

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	90	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Dr John Boarman

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Miss M Angela Boarman
(Address) 515 N Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date 1/22/37

19. UNDERTAKER Angelo Fabry
(Address) Fulton & Fayette

20. FILED Huntington, West Virginia
JAN 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1937, to Jan 20, 1937

I last saw h[illegible] alive on Jan 19, 1937. Death is said to have occurred on the date stated above, at 4 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile arterio sclerosis & Senility	Several Years
Other contributory causes of importance: Myocardial insufficiency	Jan 15-37

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) M Boarman Hood, M. D.

(Address) 2200 Jamison Blvd

Information should be carefully supplied. Avoid use of terms not properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

vs 3

F 31446

F 31446

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto) 1127 W Franklin St., (or) Ward 18-2

Length of residence in city or town where death occurred 44 yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph H Neal

(a) Residence: No. 1127 W Franklin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race Colrd

5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Neal

6. DATE OF BIRTH (month, day, year) 1870

7. AGE: Years 66 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Dora Bailey

(Address) 1127 W Franklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1/23, 1937

19. UNDERTAKER Sam'l McChase & Son

(Address) 608 N Fulton

21 1937 Huntington Millard, Jr.

(Registrar)

17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20, 1937

22. I HEREBY CERTIFY That I attended deceased from Jan. 15, 1937 to Jan 20, 1937

I last saw h alive on Jan 20, 1937. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal disease	5 yrs

Other contributory causes of importance:

Hypertension

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Bernard Shen, M. D.

(Address) 1207 N Caroline St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31447 #18881 F 31447

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 24-31 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Glaeser

If U. S. Veteran specify WAR

(a) Residence: No. 261 E. Hamburg St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Glaeser

6. DATE OF BIRTH (month, day, year) 1-10-1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	-	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible] 0052

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paperhanger

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Glaeser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ? German

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park. Date Jan 23 1937

19. UNDERTAKER Fred. J. Stewart & Son (Address) 1216 E. Chas. St.

20. FILED ... Registrar.

N 21 1937 Huntington Williams M.D. 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-21 1936 to 1-20 1937

I last saw h.i.m. alive on 1-20 1937 Death is said to have occurred on the date stated above, at 6:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	2 days
Other contributory causes of importance: Cerebral Hemorrhage	2 mos

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

31448

HEALTH DEPARTMENT—CITY OF BALTIMORE 31448

CERTIFICATE OF DEATH

9

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 15-1 Ward)

Length of residence in city or town where death occurred ..... yrs. 11 mos. ..... How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel Ford

(a) Residence: No. 1302 N. Strieker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 17 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Simon Ford

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Hattie Watson

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Simon Ford

(Address) 1302 Strieker St.

[illegible] CREMATION, OR REMOVAL

Date 1/23 19 37

19. UNDERTAKER Thomas C. Nelson

(Address) 1302 Pennsylvania Ave

JAN 21 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Jan 21 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1937 to Jan 21 1937

I last saw him alive on Jan 21 1937. Death is said to have occurred on the date stated above, at 5 55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	1-10-37
Encephalitis, simple	1-20-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis D. Schwentker, M. D.

(Address) Sydenham Hospital

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 31449

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 N. Castle St. St., 7-5 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Rebak. (REHAK)

If U. S. Veteran specify WAR .....

(a) Residence: No. 912 N. Castle St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary Rebak

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 004 D

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME John Rebak

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Joseph Rebak

(Address) 912 N. Castle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 22, 1937

19. UNDERTAKER Frank Leach & Son

(Address) 1906 Ashland Ave

[illegible] Huntington Phillips Registrar.

JAN 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schenker, M. D. Coroner

(Address) 1919 E. North Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 31450

F 31450 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

131

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2726 St. Paul St. 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Flora S. Stevens

(a) Residence: No. 2726 St. Paul St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard H. Stevens

6. DATE OF BIRTH (month, day, year) Nov. 20, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) East New Market
(State or country) Maryland

FATHER

13. NAME John Nichols

14. BIRTHPLACE (city or town) Denton
(State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Webster

16. BIRTHPLACE (city or town) East New Market
(State or country) Maryland

17. INFORMANT Mrs. Margaret S. Greenwood
(Address) 2726 St. Paul Street

18. BURIAL, CREMATION, OR REMOVAL Md.
Place East New Market Date 1/23 1937

19. UNDERTAKER Henry H. Mears & Son
(Address) 502 N. Calvert St.

20. FILED JAN 24 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2 1936 to Jan 20 1937

I last saw h-- alive on Jan 19 1937 Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemeplegia	
Chronic Hypertension	
" " Nephritis	

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Bernis Lucas M. D.

(Address) 5 Club Rd

N 24 1937

Via Love Point Ferry Escort - Mrs. Samuel H. Greenwood Balto

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 31451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 31451

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 319 Scott St., St. 21-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Luden I. Cole

(a) Residence: No. Martinsburg W. Va. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Not Known

6. DATE OF BIRTH (month, day, year): Not Known

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laborer

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Not Known

FATHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: Police Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Martinsburg W Va Date 1-2, 1937

19. UNDERTAKER F. V. Keehner
(Address) 230 Edmondson Ave

... 1937 Huntington Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 20, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Chronic Valvular Diseas of	
Heart	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? MD

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) O. K. Bowden Coroner, M. D.

(Address) 2757 W. Lorne

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

N 21 1937

M. D. B 1268-9

F 31452

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No. F 31452

CITY OF BALTIMORE: (No. 1415 Clarkson St. St., 232 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 10 mos. 25 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Louis M. Fay. If U. S. Veteran specify WAR

(a) Residence: No. 1415 Clarkson St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of (or WIFE of) Mary Fay.

6. DATE OF BIRTH (month, day, year) February 26, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
67	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture finisher.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Fay.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Caroline Michels.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mary Fay. (wife)
(Address) 1415 Clarkson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Jan 20, 1937

19. UNDERTAKER A. Bayard Evans
(Address) 1400-02 S. Charles St.

11. [illegible] Huntington Williams, M.D.

JAN 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 20, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Hemiplegia.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Otto Ed Reinhardt M. D. Coroner

1/20/37 (Address) 1017 S. Charles St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 31453

F 31453

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital St. 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Wilson

If U. S. Veteran specify WAR .....

(a) Residence: No. Darlington Md St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 82,			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Darlington Md

FATHER

13. NAME Daniel E. Wilson

14. BIRTHPLACE (city or town) (State or country) Darlington Md

MOTHER

15. MAIDEN NAME Mary Wilson

16. BIRTHPLACE (city or town) (State or country) Darlington Md

17. INFORMANT Mrs. Margaret Kirk

(Address) Darlington Md

18. BURIAL, CREMATION, OR REMOVAL

Place Darlington Cem. Date Jan 23 1937

19. UNDERTAKER H. D. Bailey

(Address) Darlington, Md

20. FILED Jan 22 1937 Darlington Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above. 5:02 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Femur	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Nature of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? acc. Date of injury 1/14/1937

Where did injury occur? Darlington Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place on farm of Proctor

Manner of injury fell with stalk in mouth

Nature of injury fractured hip

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Kann Coroner M. D.

(Address) 1215 Hanover

~~Wilson~~ Wilson

JAN 22 1937

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

verse

F 31454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 924 N. Eutaw St., (Ward) 7-1

Length of residence in city or town where death occurred 20 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Barbara King

(a) Residence: No. 924 N. Eutaw St., Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fmale

4. COLOR or RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Andrew King

6. DATE OF BIRTH (month, day, year): Oct 18-1883

7. AGE — Years: 55 | Months: 3 | Days: 2 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date decedent last worked at this occupation (month, day, year): Jan 1937

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Waynesboro Pa

FATHER

13. NAME: Arthur Calimer

14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER

15. MAIDEN NAME: Amelia ?

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT: Clarence Lockard

(Address) 225 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL: Mowing Cemetery Waynesboro Pa. Date Jan 23rd 1937

19. UNDERTAKER: William Cook

(Address) 217 St Paul St

20. FILED: [illegible] Williams, M.D.

JAN 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 20th 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31 1936 to Jan. 20th 1937

I last saw her alive on Jan. 20 1937. Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	12/31/36
Other contributory causes of importance:	
Bronchopneumonia	1/15/37

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) P. A. Tumminello, M. D.

(Address) Medical Arts Bldg.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268

F 31455

F 31455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2517 E. Balto. St. 14 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katherine A. Fisher

If U. S. Veteran specify WAR No Record

(a) Residence: No. 530 Eden St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of ..... (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) August 23-187[illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Music teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Jan 1937

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Chas. A. Fisher

14. BIRTHPLACE (city or town) (State or country) Richmond Virginia

MOTHER

15. MAIDEN NAME Marietta Carter

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Florence Rapley

(Address) 530 Eden St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 23rd 1937

19. UNDERTAKER Wm Cook

(Address) 1207 E. Fayette St

20. FILED [illegible] Washington, Registrar.

JAN 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20 . 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above. 3.20 P.M.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
20 minutes Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Wm. H. Phillips, M. D.

Coroner

(Address) 1939 Edmondson Av.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form 568

F 32 8732 31456

HEALTH DEPARTMENT—CITY OF BALTIMORE

31456

CERTIFICATE OF DEATH

X V/37

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Dennis Denny

If U.S. Veteran specify WAR .....

(a) Residence: No. 507 E St. St., ... Ward. Sparrows Point Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

5a. If ~~married, widowed, or divorced~~ HUSBAND of ~~but WIFE of~~ Albina B. Denny

6. DATE OF BIRTH (month, day, year) 11/7/54

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None Farmer 45

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 50

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Jacob Denny

14. BIRTHPLACE (city or town) (State or country) Unknown Pa

MOTHER

15. MAIDEN NAME Sarah Valentine

16. BIRTHPLACE (city or town) (State or country) Unknown Pa

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Jan 25th 1937

19. UNDERTAKER Wm Cook & Bro

(Address) 1217 E Baltimore St

Registrar. Washington Williams

JAN 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 . 1936 to Jan 20 . 1937

I last saw him alive on Jan 20 . 1937. Death is said to have occurred on the date stated above, at 12.50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
A Acute Retention - Benign Prostatic Hypertrophy - Urinary tract infection Arteria Sclerosis - senility	

Other contributory causes of importance:

C.S. Operation Bronchopneumonia (bronchitis) Uraemia

Was an operation performed? Yes Date of Jan 8, 1937

For what disease or injury? Benign Prostatic Hypertrophy

What test confirmed diagnosis? Path Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) D. R. Vest M. D.

(Address) Johns Hopkins Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. F. B. 31457.

F 31457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 E. Eager St 10-1 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Gunkley

(a) Residence: No. 1010 E. Eager St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Evelyn Gunkley

6. DATE OF BIRTH (month, day, year) Jan 3/1913

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 602

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm. Gunkley

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie Pack

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Annie Gunkley

(Address) 1703 N. Spring St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 1/22 1937

19. UNDERTAKER Rayner Sanders

(Address) 1413 E. Preston St

FILED JAN 22 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 1/18 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/18 1936 to 1/18 1937

I last saw him alive on 1/18 1937 Death is said to have occurred on the date stated above, at 940 m. p

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	7-36

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) [illegible] M. D.

(Address) 10 W. [illegible]

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AN 22 1937

F 31458

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31458

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 N. Broadway St., 6-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eudes Moren

(a) Residence: No. 215 N. Broadway St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lazer B.

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Harry Moren 215 N Broadway

18. BURIAL, CREMATION, OR REMOVAL Place Greenlawn Date 1/27/37

19. UNDERTAKER (Address) Jos. H. Young & Son 1714 E. Baltimore St.

JAN 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1937, to Jan 21, 1937

I last saw h.. alive on Thursday Jan 21, 1937 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic C.V. disease	1925
Other contributory causes of importance: Cardiac failure	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Manuel Levin M. D.

(Address) 4818 Reisterstown Rd

Information should be complete and accurate. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

31459

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 31459

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Morris Sandler

If U.S. Veteran specify WAR

(a) Residence: No. 3904 Bonner Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 57 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: David S. Sandler

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Rueda

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Woodson Mill Rd Date 1/22 19 37

19. UNDERTAKER: Jos. Louis Sons

(Address) 1439 E. Baltimore St

20. FILED JAN 22 1937 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-21-37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1-19-37 . 19 . to 1-21-37 . 19

I last saw h[illegible] alive on 1-21-37 . 19 . Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca lung	1936
Other contributory causes of importance: Myocardial insufficiency	1-20-37

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Alfred S Edward . M. D.

(Address) Sinai Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. FIGURES should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31460

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31460

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 208 S. Stricker St., 19-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rhoda M. Monks

If U. S. Veteran specify WAR .....

(a) Residence: No. 208 S. Stricker St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Monks

6. DATE OF BIRTH (month, day, year) March 20-1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	68	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~60~~ 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James Flowers

14. ~~BIRTHPLACE~~ (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Miss Monks

(Address) 208 S. Stricker St

18. BURIAL, CREMATION, OR REMOVAL

Place Jessups Balto Co Date 1/23 1937

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins Sts

Date received JAN 22 1937 Thurlington Hillegas, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-19 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19 1936 to Jan 19 1937

I last saw her alive on Jan 19 1937 Death is said to have occurred on the date stated above, at 9.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & Hypertension	(?)
Other contributory causes of importance:	
Hemiplegia	1927
Coronary Thrombosis	1/19/37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. S. Bristow M. D.

(Address) 1326 W. Lombard

information should be carefully supplied. AGE should be stated as exactly as possible. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31461

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71-a 31461

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Edward Coolahan

If U. S. Veteran specify WAR

(a) Residence: No. 1115 W 42nd St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 28, 1934.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
2	6.	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME John E. Coolahan

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Blanche H. Zimmerman

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John E. Coolahan
(Address) 1115 W 42nd St.

18. BURIAL, CREMATION, OR REMOVAL
Mt. Cathedral Date Jan 23, 1937

19. UNDERTAKER Thompson & Son
(Address) 3615 Eastern Ave

20. Filed JAN 22 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/21/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 1/14/37. 19... to 1/21/37. 19...

I last saw h[illegible] alive on 1/21/37. 19... Death is said to have occurred on the date stated above, at 11½ A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia Coryzum Bacilli	
Aplastic Anemia.	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Josiah A. Hunt. M. D.

(Address) Md. Gen. Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31462

CERTIFICATE OF DEATH

V 108

F 31462

1. PLACE OF DEATH Died in Auto at

CITY OF BALTIMORE: (No. Green & Redwood St. St. 14-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. 2 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter M. Jacobs

If U. S. Veteran specify WAR

(a) Residence: No. 1718 Linden Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie F. Jacobs

6. DATE OF BIRTH (month, day, year) Nov. 18, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cab Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Yellow Cab Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Edward Jacobs

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Helen M. Love

16. BIRTHPLACE (city or town) (State or country) St. Michaels, Md.

17. INFORMANT Mrs. Myrtle Pancoast (Sister)
(Address) 46 E. Wheeling St.,

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Jan. 25, 1937

19. UNDERTAKER John F. Denny
(Address) 715 Light St

Filed JAN 22 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. Colburn M. D.
Coroner

(Address) 2757 W. North Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

F 31463

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31463

CERTIFICATE OF DEATH

95-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 732 Edgewood St. 16-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barton Rafferty

(a) Residence: No. 732 Edgewood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary kelly Rafferty

6. DATE OF BIRTH (month, day, year) May 21st, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	7	30?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car repairer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O.R.R. 1073

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Daniel Rafferty

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs Mary Rafferty

(Address) # 732 Edgewood Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 1 / 23 / 37

19. UNDERTAKER John J. Cowan & Son

(Address) 901 Hollins Street

JAN 22 1937

by Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 / 20 / 1937

22. I HEREBY CERTIFY, That I attended deceased from January 16, 1937, to January 20, 1937

I last saw him alive on January 17, 1937. Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma rectum	?
Auricular fibrillation	Jan 1937
Acute dilatation of heart	Jan 20

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Error Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Theodore E. Stacy, M. D.

(Address) 3803 Edmondson Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

31464

HEALTH DEPARTMENT—CITY OF BALTIMORE

31464

CERTIFICATE OF DEATH

54

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7-5 St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Ramsey

If U.S. Veteran specify WAR .....

(a) Residence: No. 69 Pleasant St., Ward. Phurow Nova Scotia

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Archibald Ramsey

6. DATE OF BIRTH (month, day, year) 5-28-57

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	79	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nova Scotia

FATHER

13. NAME John MacLean

14. BIRTHPLACE (city or town) (State or country) Nova Scotia

MOTHER

15. MAIDEN NAME Annie Rogers

16. BIRTHPLACE (city or town) (State or country) Nova Scotia

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Boston Mass Date Jan 22 19 37

19. UNDERTAKER Henry W. Jenkins Sons

(Address) McCulloh & Richard Sts.

JAN 22 1937 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN - 21 , 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 , 1936 to Jan 21 , 1937

I last saw h.lt alive on Jan 21 , 1937 Death is said to have occurred on the date stated above, at 910p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes M. - 10-15 yrs -	
Bronchopneumonia (?) past 3-4 days	
Uritis and, cystitis - past week	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) B. Nollis Hand M. D.

(Address) 626 N Washington St

#4376

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 31465

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31465

CERTIFICATE OF DEATH

107-W

Registered No. 27-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3007 Eilsa ave St., W...)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME George B. Beckman Jr.

(a) Residence: No. 3007 Eilsa ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian M. Beckman

6. DATE OF BIRTH (month, day, year) Oct 1-1908

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
28	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0029

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George B Beckman Sr

14. BIRTHPLACE (city or town) (State or country) Balto Md ?

MOTHER

15. MAIDEN NAME Georgianna Senator

16. BIRTHPLACE (city or town) (State or country) ? ?

17. INFORMANT Lillian M. Beckman

(Address) 3007 Eilsa ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oakleon Date 1/23 1937

19. UNDERTAKER Leonard Hyde

(Address) 2305 Edmondson Ave

FILED JAN 22 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20 1937

22. I HEREBY CERTIFY, That I attended deceased from Janu 16 1937 to Janu 20 1937

I last saw h... alive on Janu 20 1937 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	1-16-37
Other contributory causes of importance:	
Gen. Cold	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. L. Costello M. D.

(Address) 335 E 31st St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31466

F 31466 32397

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Chauncey Roles

(a) Residence: No. 1605 Waldo St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma

6. DATE OF BIRTH (month, day, year) 10-27-97

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Isaac Roles

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emma Barnes

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Mt. Lab. Cem Date 1-25-37

19. UNDERTAKER Bernard P. Hennessy
(Address) 618 David Hill Ave. Huntington Pittsburgh Pa

JAN 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1937, to Jan 21, 1937

I last saw h.. im alive on Jan 21, 1937. Death is said to have occurred on the date stated above, at 6.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? X Ray & autopsy & Microscopic Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 ....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Frederick C. Weber Jr M. D.

(Address) Johns Hopkins Hospital

Information should be careful, complete. Write plainly. Use ink. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

F 31467

31467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 Hanover St. 23-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jennie Y. Sothoron

(a) Residence: No. 1503 Hanover St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas J. Sothoron

6. DATE OF BIRTH (month, day, year) Sept. 5, 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ... None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Don't know

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret A. ...

16. BIRTHPLACE (city or town) (State or country) Don't know

17. INFORMANT Andrew J. Sothoron

(Address) 1503 Hanover St. (Son)

18. BURIAL, CREMATION, OR REMOVAL

Place Easton Md. Date Jan 23 1937

19. UNDERTAKER C. Edward Evans

(Address) 400 Eutaw St.

19a. FILED Jan 22 1937

Huntington Milwaukee

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1937 to Jan. 21, 1937

I last saw her alive on Jan 20, 1937. Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	1/17/37
Other contributory causes of importance: Mitral Regurgitation, Indefinite	

Name of operation None / Date of ...

What test confirmed diagnosis Clinical Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R. T. Campbell M. D.

1/21/37 (Address) 1644 Hanover St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31468

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31468

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 Allendale St. St., 16-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? 65 yrs. ..... mos. ..... ds.

2. FULL NAME Henrietta Adams

If U.S Veteran specify WAR ....

(a) Residence: No. 601 Allendale St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	white	Married

5a. If married, widowed, or divorced ~~Husband of~~ (or) WIFE of James A. Adams

6. DATE OF BIRTH (month, day, year) May 27, 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84 83	7	27 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Michael Hoffman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Schramm

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Anna Lyons

(Address) 601 Allendale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Emmitsburg Md. Date Jan. 23 1937

19. UNDERTAKER Martin Fahey & Sons

(Address) 1827 W. North Ave.

20. FILED Hunter Williams City Registrar

JAN 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1937, to Jan 20, 1937

I last saw h[illegible] alive on Jan 20, 1937. Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Jan 14

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 ...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. A. Lally M. D.

(Address) 3517 Edmondson Ave

N. B.—WRITE LEGIBLY. All items must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31469

F 31469

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1150 Russell St., 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Harris

If U.S. Veteran specify WAR

(a) Residence: No. 1150 Russell St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/21/37

7. AGE	Years	Months	Days	If LESS than 1 day, 10 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co

FATHER

13. NAME Frederick Rice

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Harris

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

JOHNS HOPKINS MEDICAL SCHOOL JAN 22 1937 Date ... 19

19. UNDERTAKER Commissioner of Health

(Address)

20. FILED JAN 27 1937 Per H. A. Boor Huntington Williams Registrar.

2925

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1937 to Jan 22, 1937

I last saw him alive on Jan 22, 1937 Death is said to have occurred on the date stated above, at 8:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Physical Signs Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. H. Grompton M.D.

(Address) 501 N. Hanover St.

31470 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 31470

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St. 28-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. — mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sister Anastasia Mullen

If U.S. Veteran specify WAR NONE

(a) Residence: No. Mount Hope Retreat St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Dec. 25-1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: John Mullen

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Margaret Cooney

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mt. Hope Records
(Address) Balt. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Greensburg Pa. Date Jan 25/37

19. UNDERTAKER: Stanton & Woodall Company
(Address) 18 E. North Ave.

Filed JAN 22 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 22. 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 22. 1936 to Jan. 22. 1937

I last saw her alive on Jan. 22. 1937 Death is said to have occurred on the date stated above, at 4.35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis with hypertension Senile psychosis	?
Other contributory causes of importance: Rt cerebral hemorrhage 2 days.	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Damian P. Magee M. D.

(Address) 33 W. Fayette St.

INFORMANT: PLEASE READ CAREFULLY. PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31471

31471

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 Madison Ave. St. 11-2 Ward) Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2D yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances F. Watson

If U. S. Veteran specify WAR

(a) Residence: No. 1618 Madison Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Watson

6. DATE OF BIRTH (month, day, year) Nov. 6, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51 yrs.	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W-70

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME William Laws

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Angeline Corner

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Clova Peck
(Address) 1618 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn
Place Jan. 23, 1937 Ft. Calvary
Date

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St.

20. FILED JAN 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1936 to Jan. 20, 1937

I last saw her alive on Jan. 19, 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Indigestion and Gastric Ulcer	Dont know
Other contributory causes of importance: Chronic Nephritis	Dont know

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. White, M. D.

(Address) 1344 Druid Hill Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 31472

F 31472 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., 17-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Hayes

If U. S. Veteran specify WAR .....

(a) Residence: No. 1067 Myrtle Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minerva

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs Minerva Hayes

(Address) 1067 Myrtle Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic cemetery Date Jan 24, 1937

19. UNDERTAKER Chas H. Alexander

(Address) 1200 McCulloh

20. FILED Huntington Williams JAN 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest found that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	
arterial hypertension	

Other contributory causes of importance: Probably Chronic nephritis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. M. Wright M. D.

Coroner

(Address) 1010 S. Ellwood Ave

U. S. B—WRITE PLAINLY, WITH INKING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31473

F 31473 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2291 N Parish St. 19-7 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henrietta Valentine

If U. S. Veteran specify WAR .....

(a) Residence: No. 2291 N Parish St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 4. 1901

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35	7	15 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8070

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Isaac Valentine

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

MOTHER

15. MAIDEN NAME Henrietta Jenkins

16. BIRTHPLACE (city or town) (State or country) Alexander Va

17. INFORMANT Basil Valentine
(Address) 2291 N Parish

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date Jan 23 1937

19. UNDERTAKER Joseph A. Sheeby
(Address) 1419 N Mount Street

AN 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20th. '37

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15th. 1936, to Jan. 20th. 37
I last saw her alive on Jan. 19th. 1937. Death is said to have occurred on the date stated above, at 2.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T.B.C.	Dec. 15 1936

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation Phyxxi Phy. Exam. Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, state how. No.

(Signed) Walter J. Jackson M. D.

(Address) 1631 W. Franklin st

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31474

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 F 31474

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2822 O'Donnell St. 1-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Herman H. Musch

If U.S. Veteran specify WAR .....

(a) Residence: No. 2822 O'Donnell St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Musch

6. DATE OF BIRTH (month, day, year) June 14, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry A. Musch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna Hasse

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Musch
(Address) 2822 O'Donnell St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date Jan 23 1937

19. UNDERTAKER George W. Zlikly
(Address) 1737 E. Eager St

20. FILED JAN 22 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/20, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-15-37, 19..., to 1/20/37, 19...

I last saw him alive on 1/20, 1937. Death is said to have occurred on the date stated above, at 6 15/p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1 yr.
~~Other contributory causes of importance~~	
Tuberculous laryngitis	6 wks.
Probable tuberculous brain	1 wk.

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Julius J. Lycho, M. D.

(Address) 2221 Eastern Ave

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A LEGAL DOCUMENT. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31475

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 54 F 31475

1. PLACE OF DEATH Sinai Hosp. Registered No.

CITY OF BALTIMORE: (No. 26-9 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Myrick

If U.S. Veteran specify WAR ...

(a) Residence: No. 3501 Hudson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thos H. Myrick

6. DATE OF BIRTH (month, day, year) Oct 25-1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	2	27/26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME George F. Steinmetz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie Freden

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Thos. H. Myrick

(Address) 3505 Hudson St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem Date Jan 24, 1937

19. UNDERTAKER George W. Fisher

(Address) 1737 E. Eager St

20. FILED ... 19 ... Registrar.

JAN 22 1937 Washington Nathanson, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1937

I HEREBY CERTIFY, That I attended deceased from Jan 19, 1937 to Jan 21, 1937

I last saw her alive on Jan 20, 1937. Death is said to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Fever.	1/19/37
Broncho pneumonia.	1/20/37
Other contributary causes of importance:	
diabetes	2 yrs?

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Herbert Abramson, M. D.

(Address) Sinai Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 31476

F 31476

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 8-6a Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Larry Auld (Walter Lawrence Auld)

If U.S. Veteran specify WAR No

(a) Residence: No. 1618 E. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/13/1933

7. AGE Years	Months	Days	If LESS than 1 day ~~yrs.~~ min.
3	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Walter L. Auld

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary Mildred (Roche)

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Walter L. Auld
(Address) 1618 E. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 1-23-37

19. UNDERTAKER George A. Roth Inc
(Address) 1775 Harford Ave Balto

20. FILED

AN 22 1937

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1937, to Jan 26, 1937

I last saw h. alive on Jan 21, 1937 Death is said to have occurred on the date stated above, at 2:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? No. Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William A. Koffel M. D.

(Address) Sinai Hospital

F—WRITE PLAINLY, with unfading ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31477

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31477

V 53-E

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 W. Mosher St. St. 14-1 Ward)

Length of residence in city or town where death occurred 41 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dennis T. Reardon

If U. S. Veteran specify WAR .....

(a) Residence: No. 124 W. Mosher St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Margaret A. Reardon (maiden name)

6. DATE OF BIRTH (month, day, year) June 8, 1861.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Utility Man

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Maryland

FATHER

13. NAME John Reardon

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Annie Arthur

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary C. Reardon
(Address) 124 W. Mosher St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Jan. 25/37

19. UNDERTAKER Harry H. Whitlee
(Address) 1101 Edmondson Ave.

[illegible] Washington Whitlee [illegible]

AN 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/21/1937

22. I HEREBY CERTIFY, That I attended deceased from 1/5 1935 to 1/21 1937

I last saw h[illegible] alive on 1/21 1937. Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1/5/35
Arteriosclerosis	

Other contributory causes of importance:

Epithelioma R shoulder present 20 years.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If [illegible]

(Signed) Gilbert L. Mortimer Jr. M. D.

(Address) 2801 St Paul St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31478

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31478

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 S. Mount St. St., 19-H Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Barbara Eva Epp

If U. S. Veteran specify WAR .....

(a) Residence: No. 118 S. Mount St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) March 16, 1935.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Late Alfred H. Epp

14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER

15. MAIDEN NAME Barbara E. Ihle

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Barbara E. Epp

(Address) 118 S. Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Jan. 23, 19 37

19. UNDERTAKER Harry H. Mutzfeld

(Address) 4101 Edgewood Ave.

20. FILED ..... 19 .....

Registrar.

JAN 22 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1937 to Jan 20, 1937

I last saw her alive on Jan 20, 1937. Death is said to have occurred on the date stated above, at 11.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Jan 11 '37
Other contributory causes of importance: Malnutrition	

Was operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Albert Sasgretti M. D.

(Address) 1724 W Lombard St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

31479

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31479

CERTIFICATE OF DEATH

Registered No. 107-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 15-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 4 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Joseph Schaefer

If U.S. Veteran specify WAR .....

(a) Residence: No. 3820 Garrison Blvd. St., ... Ward. 5 B

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 10, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Leo C. Schaefer

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Anne O'Connor

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Leo C. Schaefer

(Address) 3820 Garrison Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Jan 23 1937

19. UNDERTAKER John Mitchell & Sons

(Address) 1900 Eutaw Place

Ft. Clayton Williams, M.D.

JAN 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1937 to Jan. 20, 1937

I last saw him alive on Jan 20, 1937 Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-5-37

Other contributory causes of importance:

Empyema (Rt.)

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Nachman Davidson, M. D.

(Address) University Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31480

F 31480 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5002 Hampshire Rd St. 2 8-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Kate McClelland Hagerty. If U. S. Veteran specify WAR

(a) Residence: No. 5002 Hampshire Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Hagerty.

6. DATE OF BIRTH (month, day, year) Apr. 4, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	74	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

FATHER

13. NAME Charles Hook.

14. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

MOTHER

15. MAIDEN NAME Elmira A. Hook.

16. BIRTHPLACE (city or town) (State or country) Balto. Co, Md.

17. INFORMANT Mrs Notley H. Gundy.
(Address) 5002 Hampshire Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Jany. 23 1937

19. UNDERTAKER Chas. O. Mitchell & Sons
(Address) 900 Eutaw Place

AN 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1936, to Jan 20, 1937

I last saw h.r alive on Jan 29, 1937. Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis.	
Other contributory causes of importance:	
Chr. Nephritis	

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) George E. Shannon M. D.

(Address) 700 N. Fulton Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31481

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31481

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Warrington Apts. St. 12-1 Ward)

Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Ludington Evans

If U. S. Veteran specify WAR

(a) Residence: No. Warrington Apts. Chas, & St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry G. Evans

6. DATE OF BIRTH (month, day, year) 7/16/63

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Albany, N.Y.

FATHER

13. NAME Jesse C. Ludington

14. BIRTHPLACE (city or town) (State or country) Conn.

MOTHER

15. MAIDEN NAME Nancy A. Huntley

16. BIRTHPLACE (city or town) (State or country) Conn.

17. INFORMANT Mrs. Helen L. Lewis

(Address) 52 Trumbull St. New Haven, Conn.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cemy. 1/23/37

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED JAN 22 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 er 1936 to Jan 21 1937

I last saw h alive on Jan 21 1937 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemic Coma	
Chronic Nephritis.	
Other contributory causes of importance:	
Hypertension	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jefferies Buck M. D.

(Address) 2844 St. Paul St.

2. 30 P.M.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

(Hauner)

F 31482

31482 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 N. Montford Ave St., 8-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank J. Hauner

(a) Residence: No. 1211 N Montford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Hauner

6. DATE OF BIRTH (month, day, year) Jan. 10 - 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	10.	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wards Bakery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machinest 20

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Prague

FATHER

13. NAME Joseph Hauner

14. BIRTHPLACE (city or town) (State or country) Prague

MOTHER

15. MAIDEN NAME Therese Kogard

16. BIRTHPLACE (city or town) (State or country) Prague

17. INFORMANT Mrs. Elizabeth Hauner

(Address) 1211 N. Montford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jan 24 1937

19. UNDERTAKER Jonah Tyler

(Address) 1600 N. North Ave

JAN 22 1937 Clayton Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1937 to Jan 20 1937

last saw h... alive on Jan 20 1937. Death is said to have occurred on the date stated above, at 10-35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	about 1 yr ago
arm	

Other contributory causes of importance:

Chronic Nephritis & Edema

Name of operation ..... Date of .....

What test confirmed ..... Was there an autopsy .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. Parran Jr M. D.

(Address) 1211 N Montford Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31483

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31483

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 22 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph L. Frey

If U.S. Veteran specify WAR

(a) Residence: No. Cedar Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mrs. Catherine

6. DATE OF BIRTH (month, day, year) Feb. 7, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Light Tele Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tele

10. Date deceased last worked at this occupation (month and year) 1/13/37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John A. Frey

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha Redgely

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Jan. 27 1937

19. UNDERTAKER Easton Sons

(Address) Edmondson Ave

Filed JAN 22 1937

Burlington Nightingale, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1937, to Jan 21, 1937

I last saw him alive on Jan 21, 1937 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia Bilateral	Jan 15,
Septicemia - Streptococcus Empyema -	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

24. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schmidt, M. D.

(Address) University Hospital

F 31484

31484 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-C

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1837 W. Lexington St. 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 11 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William James Haney

If U.S. Veteran specify WAR .....

(a) Residence: No. 1837 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of E. Katherine Haney

6. DATE OF BIRTH (month, day, year) Feb. 14, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 8 Yrs. Ago

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Haney

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Elizabeth K. Baker

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Edna Whipp.
(Address) 1837 W. Lexington St.,

18. BURIAL, CREMATION, OR REMOVAL
Place Salem Cemetery, Catonsville Date Jan. 23, 1937

19. UNDERTAKER John B. Slepsey
(Address) 716 Light St.

20. FILED JAN 22 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-7-1937 to 1-21-1937

I last saw h... alive on 3.30 19... Death is said to have occurred on the date stated above, at ... a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	?
Hypertension.	?
Arteriosclerotic myocarditis with acute cardiac failure	?

Other contributory causes of importance: —

Was an operation performed? No Date of .....

For what disease or injury? —

What test confirmed diagnosis? None Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

21. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Morris B. Schreiber, M. D.

(Address) 54 S. Fulton Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31485

F 31485

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH — Homewood Apartments
CITY OF BALTIMORE: (No. 3100 N. Charles St. 17 - 2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME — Lloyd Wm. Reynolds
If U. S. Veteran specify WAR .....

(a) Residence: No. Homewood Apartments St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of — Florence A. Reynolds

6. DATE OF BIRTH (month, day, year) — Feb. 18, 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Market Master

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — City Markets

10. Date deceased last worked at this occupation (month and year) — Dec. 20, 1936

11. Total time (years) spent in this occupation — 20

12. BIRTHPLACE (city or town) (State or country) — Eastern Shore Md

FATHER

13. NAME — Wm. Reynolds

14. BIRTHPLACE (city or town) (State or country) — Md.

MOTHER

15. MAIDEN NAME — Caroline Hutchinson

16. BIRTHPLACE (city or town) (State or country) — Md

17. INFORMANT — Mrs. Florence A. Reynolds
(Address) 3100 N. Charles St

18. BURIAL, CREMATION, OR REMOVAL
Place — Western Date — Jan. 25 1937

19. UNDERTAKER — John J. Henney
(Address) 715 Light St.

[illegible] Huntington Williams, M.D.

JAN 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — Jan 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1937 to Jan. 21, 1937

I last saw h... alive on Jan. 21, 1937 Death is said to have occurred on the date stated above, at 10:00 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension, chronic Nephritis, mitral insufficiency arteriosclerosis	4 mo. ago
Other contributory causes of importance: Uremia	Jan 17 '37
Pulmonary edema	Jan 21 '37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood Chemistry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Fr. Schlenger, M. D.

(Address) 3034 E. Baltimore St.

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. ONLY ONE information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31486

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31486

95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 E. 24th St. 12-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie W. Fields

If U.S. Veteran specify WAR ....

(a) Residence: No. 213 E.24th St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin C. Fields

6. DATE OF BIRTH (month, day, year) Nov. 26, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	1	24 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Federalsburg, Md.

FATHER

13. NAME William H. Watkins

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Williams

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Laura W. Fields

(Address) Federalsburg, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Federalsburg Cem. Federalsburg, Md. Date Jan. 23, 19 37

19. UNDERTAKER J. T. Bramstrom & Son

(Address) Federalsburg Md.

Huntington Williamsport

JAN 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 10, 1936, to January 20, 1937.

I last saw her alive on Jan. 20, 1937. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardio-Vascular Disease	1930
Other contributory causes of importance: Cerebral Hemorrhage -	Jan 19: 1937

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Robert L. Mitchell, M. D.

(Address) 2117 Maryland Ave

S. E.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31487

31487 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31487

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 7 W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank J. Krucky

(a) Residence: No. 632 N. Milton Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara (Linhart)

6. DATE OF BIRTH (month, day, year) Oct-12-1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48 48	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frank Krucky

14. BIRTHPLACE (city or town) (State or country) Zahcho, Slovakia

MOTHER

15. MAIDEN NAME Anna Ledvina

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Mrs. Barbara (Linhart)

(Address) 632 N. Milton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 23 1937

19. UNDERTAKER John G. Connelly

(Address) Essex, Md.

20. FILED JAN 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1937 to Jan 20 1937

last saw h— alive on Jan 20, 1937. Death is said to have occurred on the date stated above, at 5-05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	1 wk
Generalized Peritonitis	2 days
Terminal Bronchopneumonia	1 day
Other contributory causes of importance:	
Vesico-rectal fistula	?
Peri-rectal Abscess	1 year

Was an operation performed? Yes Date of Jan 17, 1937

For what disease or injury? Intestinal Obstruction

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Frank R. Stephenson M. D.

(Address) St Josephs Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 31488

HEALTH DEPARTMENT—CITY OF BALTIMORE

31488

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3021 Westwood Ave St., or Ward) 5-6

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Pritchett

(a) Residence: No. 3021 Westwood St., Ward. No Other Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nona Carter

6. DATE OF BIRTH (month, day, year) Jan 15 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or Business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME William Pritchett

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Ruth Buckler

(Address) 3021 Westwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Jan 25 37

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

[illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22 1937

22. I HEREBY CERTIFY, That I attended deceased from March 20 1936 to January 22 1937

I last saw him alive on January 22 1936 Death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypostasis	?
2. Cerebral Thrombosis	1-1-36
3. Congestive Failure	1-17-37
Other contributory causes of importance: Arteriosclerosis	?

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Leon Ashman M. D.

(Address) 1201 Poplar Grove St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 23 1937

M. D. B 1268-9

F 31489

HEALTH DEPARTMENT—CITY OF BALTIMORE

31489

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Balto. Gen Hospital 108

CITY OF BALTIMORE: (No. ..... St., 2800 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Clara E Simmons If U. S. Veteran specify WAR No Record

(a) Residence: No. 5301 Windsor Mill Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank L. Simmons

6. DATE OF BIRTH (month, day, year) 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pageant Md.

FATHER

13. NAME John S. Calvin

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Whitaker

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Viviana Simmons

(Address) 5301 Windsorville Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Loraine Date Jan 25 1937

19. UNDERTAKER Wm Cook

(Address) 1219 St Paul

20. FILED Jan 26 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to ..... death on the day stated above. 730 Pm

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. Hampton Brown M. D. Coroner

(Address) 1715 Harman

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 23 1937

M. D. B 1268-9

F 31490

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

F 31490

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Druid Hill Park. St. 27-17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. 1 mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles H. Kluth. If U.S. Veteran specify WAR No Record

(a) Residence: No. 4900 Palmer Ave. St., ... Ward, ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~xxxxxxxx~~ Harriet Kluth.

6. DATE OF BIRTH (month, day, year) November 29, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	1	24 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME William Kluth.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Augusta Walther.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Harriet Kluth. (wife)
(Address) 4900 Palmer Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place David Ridge Date Jan 23rd 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Huntington Williams, Registrar

JAN 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombisis.	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so specify ...

(Signed) Otto M. Reinhardt M. D.
Coroner

1/22/37 (Address) 1017 S. Charles St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(Craven Cole) F 31491

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31491 XV 137

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General St. Hosp. Ward 3

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 6 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Craven Cole

(a) Residence: No. Reisterstown Md. Route #1 St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE~~ of Etta M Bosson

6. DATE OF BIRTH (month, day, year) Aug 23-1870

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
66	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own farm

10. Date deceased last worked at this occupation (month and year) Sept 1936

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Jordan W Cole

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine F Curtis

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Craven Cole

(Address) Reisterstown Md Route #1

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Mt Zion Balto Co Date Jan 25 1937

19. UNDERTAKER Edw C Tipton

(Address) Hampstead Md

20. FILED JAN 25 1937 Huntington Williams JR Registrar.

17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22-37. 19

22. I HEREBY CERTIFY, That I attended deceased from 12-16-36, 19..., to 1-22-37, 19...

I last saw h.i.M alive on 1-22-37, 19... Death is said to have occurred on the date stated above, at 8:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Benign Prostatic Hypertrophy	
Other contributory causes of importance: Generalized Arteriosclerosis	
Myocardial Failure	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) Leonard C. Lund M. D.

(Address) Md. Gen. Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 25 1937

F 31492

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31492

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert Sidney Brown

(a) Residence: No. 314 Rockwell Terrace St., ... Ward. Frederick, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (~~WIFE of~~): Mrs. Ida S. Brown

6. DATE OF BIRTH (month, day, year): Sept 8, 1863

7. AGE — Years: 73 | Months: 4 | Days: 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Attorney at Law

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Law

10. Date deceased last worked at this occupation (month and year): 12/36

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Frederick Maryland

FATHER

13. NAME: Benj. H. Brown

14. BIRTHPLACE (city or town) (State or country): Frederick Maryland

MOTHER

15. MAIDEN NAME: Darcus Rench

16. BIRTHPLACE (city or town) (State or country): Frederick Co. Maryland

17. INFORMANT (Address): Mrs. Ida S. Brown Frederick, Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Frederick, Md Date: 1/23 1937

19. UNDERTAKER (Address): M. R. Stahlsmith & Son Frederick, Md.

20. FILED JAN 23 1937 Evington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 13, 1937 to January 23, 1937

I last saw him alive on January 23 1937. Death is said to have occurred on the date stated above, at 5:45 A.m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion & congestive heart failure — Date of onset 1-23-37

Other contributory causes of importance:

Benign hypertension of long standing & urinary retention — 1935

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19..

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify It was not

(Signed) Wm. M. Hopkins M. D.

(Address) Union Memorial Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31493

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B F 31493

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3140 Abell Ave., 12-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Herbert Hoote Orem

If U.S. Veteran specify WAR ...

(a) Residence: No. 3140 Abell Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Mae Hoffman Orem

6. DATE OF BIRTH (month, day, year): Feb. 6, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Wood Mince Meat Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Hugh S. Orem

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Ida M Hoote.

16. BIRTHPLACE (city or town) (State or country): New Haven Conn

17. INFORMANT (Address): Mrs Mae H Orem 3140 Abell Ave

18. BURIAL, CREMATION OR REMOVAL. Place: Woodlawn Cem. Date: Jan 23, 37

19. UNDERTAKER (Address): Wm H Leatherbury & Sons Mount Travers.

20. FILED JAN 23 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1936 to Jan. 21st 1937

I last saw him alive on Jan 21st 1937. Death is said to have occurred on the date stated above, at 7.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right lung and Bronchus -	1
	1

Other contributory causes of importance:

Cachexia.

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Clinically Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, state ...

(Signed) William L. Linton M.D.

(Address) 202 St. Paul St. Baltimore, Md.

31494 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH X V 72-B F 31494

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 3 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rev Philip Crosby (Rev. Philip Crosby) If U. S. Veteran specify WAR

(a) Residence: No. 1327 Erie Ave, Philadelphia Ward Pa, Phila Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche L. Crosby

6. DATE OF BIRTH (month, day, year) July 28, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M. P. Church

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME George W. Crosby

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Sarah Ann Tryne

16. BIRTHPLACE (city or town)
(State or country) Md.

17. INFORMANT Mrs. Blanche L. Crosby
(Address) 1327 Erie Ave. Philadepphia

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan. 25, 1937

19. UNDERTAKER Wm. J. Tickner & Sons,
(Address) North Pa. Ave.

20. FILED ..... 19.....

JAN 23 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/22/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/18/36, 19, to 1/22/37, 19

I last saw h[illegible] alive on 1/22/37, 19. Death is said to have occurred on the date stated above, at 2:36 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins Disease.	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Josiah A. Hunt. M. D.

(Address) 1st Penn Hosp

F 31495

F 31495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 9-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

nonresident 3

2. FULL NAME Ralph M. Stewart

If U. S. Veteran specify WAR .....

(a) Residence: No. Elkton Maryland St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 29, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17	4	23 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elkton Md.

FATHER

13. NAME Charles Stewart

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Bertha Mark

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Sally Stewart (Sister)

(Address) 429 Elderon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Calvert, Cecil Co Md Date Jan 27 1937

19. UNDERTAKER Joseph R. Thaw & Son

(Address) North Court Md

Filed JAN 25 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Jan 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1937, to Jan 22, 1937

I last saw him alive on Jan 22, 1937 Death is said to have occurred on the date stated above, at 6 1/2 p.m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal Meningitis	1/18/37
Meningococcic	

Other contributory causes of importance

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Myron G. Tull M. D.

(Address) Sydenham Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31496

CERTIFICATE OF DEATH

✓ 23 F 31496

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1629 W Lanvale St. 16-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wesley Hall

(a) Residence: No. 1629 W Lanvale St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Viola Hall

6. DATE OF BIRTH (month, day, year) May 22, 1898

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	38	7	28 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~Md~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Joseph Hall

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Mary Unknown

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Estelle Powell

(Address) 1624 Lanvale

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date Jan 23 1937

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 E Lanvale St.

20. FILED Jan 23 1937 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1936 to Jan 20, 1937

I last saw him alive on Jan 17, 1937. Death is said to have occurred on the date stated above, at 10:4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	10/15/36

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. W. Thompson M. D.

(Address) 1 E St Penna Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

JAN 23 1937

F 31497 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 31497

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Union Memorial Hosp.
CITY OF BALTIMORE: (No. 313 Woodlawn Road W. St. (or Ward) Govt.
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mr. Thomas Stall Marvel

(a) Residence: No. 313 Woodlawn Roland Pk St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed~~ or ~~divorced~~, HUSBAND of ~~(or WIFE of)~~ Mrs. T. Marvel

6. DATE OF BIRTH (month, day, year) Oct 22 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 58	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City

FATHER

13. NAME Thomas Stall Marvel
14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Hassett Barnes
16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs. T. S. Marvel
(Address) 313 Woodlawn Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Jan 25 1937

19. UNDERTAKER Henry McCubbins & Son
(Address) Eastern & McCollum

20. FILED JAN 23 1937 19 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1936 to Jan 22 1937
I last saw him alive on Jan 22 1937. Death is said to have occurred on the date stated above, at 12:37 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular disease	1927
advanced arteriosclerosis with senile deterioration	Nov 1936
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L Clagett Bucy, M. D.
(Address) Union Memorial Hosp.

F 31498

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31498

55-D

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Redwood & Green St., No-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis B. Morris

If U.S. Veteran specify WAR .....

(a) Residence: No. 3916 Hudson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. Color or race: W.
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of WIFE of Mary E. McGlean Morris

6. DATE OF BIRTH (month, day, year): Sept. 6 - 1884

7. AGE: Years 52 | Months 4 | Days 13 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Standard Oil Co
10. Date deceased last worked at this occupation (month and year): 11. Total time (years) spent in this occupation: 26

12. BIRTHPLACE (city or town) (State or country): City

FATHER

13. NAME: Joseph Morris
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Sarah Kelly
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Mary E. Morris 3916 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL: Place Greenmount Cemetery Date 1/23/ 1937

19. UNDERTAKER (Address): J. E. Nolan 3000 E. Baltimore St.

20. [illegible] Washington Boulevard

JAN 23 1937

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/19, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 11 1937 to Jan - 19, 1937

That I saw him alive on January 19, 1937. Death is said to have occurred on the date stated above, at 2 20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor or Vascular Accident	1934
Recurrance of Symptoms	12/14/36
Other contributory causes of importance: Medullary Failure	1/15/37

Was an operation performed? yes Date of 1/14/37

For what disease or injury? no

What test confirmed diagnosis? X-Ray Was there an autopsy? yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John M. Warren M. D.

(Address) University Hosp.

F 31499

31499 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH ✓ 94-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 S. Eaton St., 26-G Ward)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Canton Kapsitan (Kapitain)

(a) Residence: No. 708 S Eaton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Kapsitan

6. DATE OF BIRTH (month, day, year): 8 8 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Canton Kapsitan
14. BIRTHPLACE (city or town) (State or country): Macedonia

MOTHER

15. MAIDEN NAME: Rosie Lukas
16. BIRTHPLACE (city or town) (State or country): Wisconsin

17. INFORMANT: Mary Kapsitan
(Address) 708 S. Eaton St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 26 1937

19. UNDERTAKER: Frank Grech & Son
(Address) 420 Caroline

20. FILED Jan 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 22 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 18 1937 to Jan 22 1937

I last saw him alive on Jan 21 1937. Death is said to have occurred on the date stated above, at 2:40 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Lesion — Date of onset 1-18-37

Other contributory causes of importance:

Acute Cardiac Dilatation — Date of onset 1-19

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

AN 23 1937

F 31500

31500 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1758 Gorsuch Ave St., 9-7 Ward)

Length of residence in city or town where death occurred Life mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George P. Gahn

(a) Residence: No. 1758 Gorsuch Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fannie S. H. Gahn

6. DATE OF BIRTH (month, day, year) March 13th 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Electrician 0029

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Transit Co.

10. Date deceased last worked at this occupation (month and year) Dec. 7th 1936

11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Peter Gahn

14. BIRTHPLACE (city or town) Unknown
(State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country) Germany

17. INFORMANT Mrs Fannie S. H. Gahn
(Address) 1758 Gorsuch Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Cemetery Date Jan. 25th 37

19. UNDERTAKER Frederick Donaldson Sons
(Address) 1401 Eden Road

20. FILED JAN 23 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 22 to Jan 22 37
I last saw him alive on Jan 21 1937 Death is said to have occurred on the date stated above, at 9:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	
Cor Nephritis	15 Yrs
Other contributory causes of importance:	
Uraemia	3 Days

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signature) Edward J. Lord M. D.
(Address) 4137 Eastern

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31501

CERTIFICATE OF DEATH

F 31501

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward) 18

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Williams

If U.S. Veteran specify WAR ....

(a) Residence: No. 5721 Denmore Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Widow

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 6 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private family

10. Date deceased last worked at this occupation (month and year) 11. 1. 36

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore County Md.

FATHER

13. NAME Alexander Benson

14. BIRTHPLACE (city or town) (State or country) Baltimore County

MOTHER

15. MAIDEN NAME Annie Brace

16. BIRTHPLACE (city or town) (State or country) Carroll County Md.

17. INFORMANT Lottie Matthews

(Address) 5721 Denmore Ave

18. BURIAL, CREMATION, OR REMOVAL

(Place) Thomas Date Jan. 24 1937

19. UNDERTAKER Bernard F. Abernethy

(Address) 818 Druid Park Drive

20. FILED ..... 19 .....

Registrar.

JAN 23 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22 1937

22. I HEREBY CERTIFY, That I attended deceased from 1. 19. 1937 to 1. 22. 1937

I last saw her alive on 1. 22 1937. Death is said to have occurred on the date stated above, at 8:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular renal disease	11.1.36
Other contributory causes of importance: Uraemia	1.20.37

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. Broadhead Higgins M. D.

(Address) 2243 Madison Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

M. D. B. 1268-9

F 31502

HEALTH DEPARTMENT—CITY OF BALTIMORE

31502

CERTIFICATE OF DEATH

✓ 56

8-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 N Bradford St., [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George L. Smith

(a) Residence: No. 1701 N Bradford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 21st 1916

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	20	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. College Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Frederick Smith

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Minnie L Schmidt

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Frederick Smith
(Address) 1701 N Bradford St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Jan 26th 1937

19. UNDERTAKER Leo G. Crook
(Address) 1703 N Patterson Park Ave

[illegible] 1937 [illegible] Washington Boulevard

JAN 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 22nd 1937

22. I HEREBY CERTIFY, That I attended deceased from May 30 1936 to January 22nd 1937

I last saw him alive on January 22 1937. Death is said to have occurred on the date stated above, at 5.50 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Carditis	?

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Victor Goldberg M. D.

(Address) 1524 N. Patterson Park Ave

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31503

F 31503

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 542 S. Brunswick St., 20-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Catherine Lancaster

If U.S. Veteran specify WAR .....

(a) Residence: No. 542 S. Brunswick St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Harry Lancaster

6. DATE OF BIRTH (month, day, year) Aug. 7-1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	4 5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles Trautbert

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Catherine Hoffman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Harry Lancaster

(Address) 542 S. Brunswick St

18. BURIAL, CREMATION, OR REMOVAL

Place Leakers Run Date Jan 23/37 19

940

19. UNDERTAKER J. B. Shipley & Son

(Address) 1300 Eutaw Place

20. FILED JAN 23 1937 Huntington Williamson, M.D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 . 1937 . to Jan 20 1937

I last saw h... alive on Jan 19 . 1937 Death is said to have occurred on the date stated above, at 2. A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Arteriosclerosis	
Hypertension	
Chronic Nephritis	

Other contributory causes of importance: Pneumonia Coma Delirium

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) James P. Heffernan M. D.

(Address) 721 Madison Ave

M. D. B 1268-9

F 31504

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 31504

94-B

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2688 Dulaney St. 20-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Greenspring

If U. S. Veteran specify WAR .....

(a) Residence: No. 2688 Dulaney St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Henrietta -

6. DATE OF BIRTH (month, day, year) July 19 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

FATHER

13. NAME Jacob Greenspring

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbetta Wagner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William F. Lincoln
(Address) 2688 Dulaney St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan 25 1937

19. UNDERTAKER F. B. Wippert's Sons
(Address) 1304 Eutaw Place

JAN 23 1937 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21 - 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Jan 21-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1933 Edmondson Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31505

CERTIFICATE OF DEATH

X 59 F 31505

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital — Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Clinton Fisher

If U.S. Veteran specify WAR

(a) Residence: No. Cockeysville St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie Belle Bamble

6. DATE OF BIRTH (month, day, year) Jan. 1, 1877

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
60	—	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Black & Decker Mf. Co.

10. Date deceased last worked at this occupation (month and year) Jan 1937

11. Total time (years) spent in this occupation 60 31

12. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

FATHER

13. NAME Joshua Fisher

14. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

MOTHER

15. MAIDEN NAME Mary Bamble

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Mrs. R. G. Fisher
(Address) Cockeysville, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Foglesville - Cockeysville Date Jan. 25 '37

19. UNDERTAKER Wm. C. Brooks & Son
(Address) Towson, Md

20. FILED ... 19... Registrar.

JAN 23 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/22/1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1937 to Jan 22, 1937

I last saw h[illegible] alive on Jan 22, 1937 Death is said to have occurred on the date stated above, at 11 .m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus Septicemia	Jan 20
Diabetes Mellitus	
Otitis Media Purulent	Jan 15

Other contributory causes of importance: Bronchopneumonia

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schwartz M. D.

(Address) University Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

VS 3

F 31506

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 F 31506

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1028 W. Fayette St., 18 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Phillip Morris

If U. S. Veteran specify WAR .....

(a) Residence: No. 1028 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 9 1913

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
23 22	10	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 004

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Phillip Morris

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Louise Saunders (Opposite Friend)
(Address) 1028 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 1-23 1937

19. UNDERTAKER Chas. G. Cooper
(Address) 574 W. Calhoun St.

20. FILED JAN 23 1937 Lexington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1937, to Jan 21, 1937

I last saw him alive on Jan 21, 1937. Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Lobar Pneumonia	
Complicating Bronchitis	
Dec. 1936	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. G. Burkedale M. D.

(Address) 514 W. Carey

F 31507

F 31507

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2040 Brookfield Ave. St., 12-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martha Hofmann

If U. S. Veteran specify WAR .....

(a) Residence: No. 2040 Brookfield Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oscar Hofmann

6. DATE OF BIRTH (month, day, year) Sept. 19, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... (None)

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ga.

FATHER

13. NAME Edward Ehrlich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Regina ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Oscar Hofmann, (Address) 2040 Brookfield Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Oheb Shalom Cem. Date Jany. 25, 1937

19. UNDERTAKER David Sondheim & Son (Address) 1902 Eutaw Place

20. Filed ..... 1937 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937 to Jan 23, 1937

I last saw h[illegible] alive on Jan 23, 1937. Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia + myocarditis	Jan 1-37 (3 wks)
Other contributory causes of importance:	
Arterio-sclerosis }	5 yrs +
Chronic nephritis }	

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) I. Frederick Lecky M. D.

(Address) Temple Garden Apts.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MUST BE RECEIVED FOR FILING

JAN 23 1937

F 31508

31508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 S. Augusta ave. 20-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Harry Waters

If U.S Veteran specify WAR .....

(a) Residence: No. 403 S Augusta ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ....

6. DATE OF BIRTH (month, day, year) Jan 6 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) City Md.

FATHER

13. NAME John H. Waters

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Clara Sheppard

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary R. Simm

(Address) 411 S Augusta ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemetery Date 1/26 1937

19. UNDERTAKER John J. Nolan

(Address) 3006 E. Baltimore St

JAN 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/22 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1936 to Jan 21 1936

I last saw him alive on Jan 21 1936 Death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr myocarditis	Jan '36
Chr mitral regurg.	(6)
Senile edema	weeks

Other contributory causes of importance:

Was an operation performed? no Date of ....

For what disease or injury? ....

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of Injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ....

(Signed) H. R. Simm M. D.

(Address) 3491 Edmondson ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

Spec.—9-30—A. & Co.—250 Bks

31509

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31509

CERTIFICATE OF DEATH.

V 16

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital, St. 19-37 Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Rosa Naylor

(a) RESIDENCE NO. Franklin Square Hospital St., Reisterstown Md Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 30 1932

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	2	24 23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Butler, Balto Co.
(State or country) Md.

PARENTS

10 NAME OF FATHER Albert Naylor

11 BIRTHPLACE OF FATHER (city or town) Butler,
(State or country) Balto Co Md.

12 MAIDEN NAME OF MOTHER Myrtle Wilhelm

13 BIRTHPLACE OF MOTHER (city or town) Butler,
(State or country) Balto Co. Md.

14 Informant Albert Naylor
(Address) Reisterstown Balto Co. Md

15 Filed ... 19 ... Registrar

JAN 24 1937

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/23/37

17

I HEREBY CERTIFY, That I attended deceased from 1/1/, 1937, to 1/23/, 1937

that I last saw h[illegible] alive on 1/23/, 1937

and that death occurred, on the date stated above, at 1[15] P. m.

The CAUSE OF DEATH* was as follows:

Poliomyelitis c bronchio-pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Abraham A. Levine M. D.

19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Falls Road Chapel Balto Co

DATE OF BURIAL Jan 28 1937

20 UNDERTAKER Wm C Brooks & Son

ADDRESS Sparks, Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

F 31510

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31510

CERTIFICATE OF DEATH

106-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 E. 37th St., 9-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret A. Ryan

If U.S. Veteran specify WAR .....

(a) Residence: No. 713 E. 37th St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 20 1850

7. AGE — Years 87 | Months | Days 2 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME Timothy Ryan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Toohey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Edw. Leary

(Address) 713 E. 37th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Susquehanna Pa. Date 1/24 1937

19. UNDERTAKER John J. Ingram

(Address) 300 E. Baltimore St.

20. FILED JAN 24 1937 19 ..... [signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/22 1937

22. I HEREBY CERTIFY, That I attended deceased from May 10. 1936 to Jan. 22nd 1937

I last saw h[e]r alive on Jan. 21st 1937 Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infirmities Senile	
Other contributory causes of importance Bronchitis.	12/536

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Dr. H. Magnes M. D.

(Address) 14 E. Read St

Vernon 2689

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31511

31511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St. 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? 27 yrs. mos. ds.

2. FULL NAME Minnie Stern

If U.S. Veteran specify WAR

(a) Residence: No. 1538 N. Appelton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Oscar

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Dora

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 1/24/37 19

19. UNDERTAKER Jos. Young Inc.

(Address) 1439 E. Baltimore St.

JAN 24 1937

Per Eugene Nathanson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22-37 19

22. I HEREBY CERTIFY, That I attended deceased from 1-19-37 19 to 1-22 19 37

last saw h[illegible] alive on 1-22 19 37 Death is said to have occurred on the date stated above, at 10:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio - Vascular Disease	
Pulmonary Edema	
Bronchopneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos Rosenau M. D.

(Address) Sinai Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31512

F 31512 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 6-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Fagan

If U.S. Veteran specify WAR

(a) Residence: No. 1739 E. Fairmount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60+			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 6080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rosedale 1/27/37

19. UNDERTAKER Jack Levine

(Address) 1439 E. Baltimore St.

20. FILED . 19 Registrar.

JAN 24 1937

Washington Publishing Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22- , 1937

22. I HEREBY CERTIFY, That I attended deceased from 12 am 1-22-37 , 19 , to 11 a.m-1-22-37 19

I last saw him alive on , 19 Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

Gastro Enteritis
? Septic Ulcer, bleeding
? Gastric Ca

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. W. Spear M. D.

(Address) Sinai Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31513 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31513

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 904 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 13 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Milton Peisto

If U. S. Veteran specify WAR .....

(a) Residence: No. 1309 N. Central Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 9 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frank Peisto

14. BIRTHPLACE (city or town) (State or country) Portugal

MOTHER

15. MAIDEN NAME Ethel Weinstein

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Father

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL

Place Levering Mem. Date 1/24/37

19. UNDERTAKER Jack Levin & Sons

(Address) 1439 E. Balto St.

JAN 24 1937 Registrar.

Huntington Whitehouse, MD

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1937, to Jan 23, 1937

that I last saw him alive on Jan 23, 1937 Death is said to have occurred on the date stated above, at 5 55 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea and enteritis	1-18-37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Francis D. Schwaegler, M. D.

(Address) Sydenham Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 31514

F 31514 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospital (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie Herman

If U. S. Veteran specify WAR

(a) Residence: No. 10 N. Pearl St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Herman

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salisbury Md (State or country)

FATHER

13. NAME John Webb

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Eliza

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Record (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Western Cem. Date 11/25/37

19. UNDERTAKER Jack Gruver Co. (Address) 1439 E. Balto st.

20. FILED [illegible] 19 37 City Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/21/37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	
Fracture of femur	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 3 1937

Where did injury occur? Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury fall on floor

Nature of injury Fracture of femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner M. D.

(Address) 1010 S. Ellwood Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vse

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

31515 HEALTH DEPARTMENT—CITY OF BALTIMORE

31515

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen Hosp St., 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Pat. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss. Betty Littman

If U. S. Veteran specify WAR

(a) Residence: No. 1304 E. Chase St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jack Cohen

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Dept)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Leon Littman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Leon Littman

(Address) 1304 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 1-24 19 37

19. UNDERTAKER Jack Levin Inc.

(Address) 1709 E. Balt. St.

FILED JAN 7 1937 19

Registrar

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-23-37 19

22. I HEREBY CERTIFY, That I attended deceased from 12-28-36 19 to 1-23-37 19

I last saw her alive on 1-23-37 19 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cholecystitis	
Appendicitis	
Ind-Anuria	
Other contributory causes of importance:	
Ruptured Pendantis	

Was an operation performed? yes Date of 1-2-37

For what disease or injury? Chron Cholecystitis

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. P. Stephens M. D.

(Address) Md Gen Hosp

F 31516

HEALTH DEPARTMENT—CITY OF BALTIMORE

31516

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth 26 yrs. mos. ds.

2. FULL NAME Sarah Fisher

If U.S. Veteran specify WAR

(a) Residence: No. 1420 E. Balto St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	√√			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Moses Fenwash

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Esther

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 1/24/37

19. UNDERTAKER Jos. Levy Inc

(Address) 1439 E. Balto St

20. FILED JAN 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-20, 1937, to 1-22, 1937

I last saw h[illegible] alive on 1-22, 1937 Death is said to have occurred on the date stated above, at 7.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	
Chronic Nephritis	
Arteriosclerosis	
Diabetes	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.

(Address) Sinai Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 31517

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31517

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 N. Gilmore St., 19-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucy Thomas

If U. S. Veteran specify WAR

(a) Residence: No. 307 N. Gilmore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow

6. DATE OF BIRTH (month, day, year): March 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: Moses Harris

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Henritta Yates

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Fannie P. Smith (Sister)
(Address): Centre Cross Va.

18. BURIAL, CREMATION, OR REMOVAL
Place: Centre Cross Cem. Va. Date: 1/24 1937

19. UNDERTAKER: Chas. H. Cooper
(Address): 514 N. Carlton St.

20. FILED: JAN 24 1937

Huntington Williams, Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/22/37

22. I HEREBY CERTIFY, That I attended deceased from 1/19/37 to 1/22/37

I last saw h[illegible] alive on 1/22/37. Death is said to have occurred on the date stated above, 3:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	1/9/37
Other contributory causes of importance: Grippe	1/8/37

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Stephen Doan M. D.

1 [illegible] Mosh Ave

M. D. B. 1268-9

F 31518

31518 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1518 Druid Hill Ave St. 4th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edna Wilson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1518 Druid Hill Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oliver Wilson

6. DATE OF BIRTH (month, day, year) May 1 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto Md (State or country)

FATHER

13. NAME Geo Thomas

14. BIRTHPLACE (city or town) Balto Md (State or country)

MOTHER

15. MAIDEN NAME Hester

16. BIRTHPLACE (city or town) Balto Md (State or country)

17. INFORMANT Mrs Edna Brown (Address) 632 N Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL Place Cubitals Memorial Park Date 1/24 1937

19. UNDERTAKER Chas G Cooper (Address) 514 N. Carlton St.

20. FILED JAN 24 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-21 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquest find that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Influenza	1/20
Pneumonia	
Bronchial Type	37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Nasal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo Allen M. D.

(Address) 1507 Augusta St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31519

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31519

CERTIFICATE OF DEATH

24-143

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 18-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charlotte E. Fitzhugh

If U.S. Veteran specify WAR .....

(a) Residence: No. 1214 W. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gilbert Fitzhugh

6. DATE OF BIRTH (month, day, year) August 13, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	18	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waitress 1086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Read Drug Co.

10. Date deceased last worked at this occupation (month and year) January 1937

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) (State or country) Woodlawn Maryland

FATHER

13. NAME Lawrence Dutrow

14. BIRTHPLACE (city or town) (State or country) Martinsburg W. Virginia

MOTHER

15. MAIDEN NAME Lola Coomes

16. BIRTHPLACE (city or town) (State or country) Roxbury Mills Maryland

17. INFORMANT Mrs. D. Hyatt

(Address) 2115 Hunington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Linthicum Cem. Clarksville, Md. Date Jan. 25 1937

19. UNDERTAKER Paul H. Cook

(Address) 1003 W. Baltimore St.

JAN 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1937 to Jan. 21, 1937

I last saw her alive on Jan. 21, 1937. Death is said to have occurred on the date stated above, at 9:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lymphocytic Meningitis	1-1-37
	now

Other contributory causes of importance:

32 Week Pregnancy

Postmortem Cesarean

Was an operation performed? Yes Date of 1-19-37

For what disease or injury? Lymphocytic Meningitis

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. Warren Albrittain, M. D.

(Address) University Hospital

V F 31520

HEALTH DEPARTMENT—CITY OF BALTIMORE

31520

CERTIFICATE OF DEATH

V 49-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 729 Lyndhurst St. 16-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie H. Borcherding

If U. S. Veteran specify WAR

(a) Residence: No. 729 Lyndhurst St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George H. Borcherding

6. DATE OF BIRTH (month, day, year) Dec. 5, 1886.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph L. Horan

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary E. McInaney

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT George H. Borcherding

(Address) 729 Lyndhurst St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Jan. 25, 19 37

19. UNDERTAKER Harry H. Weitzel

(Address) 1101 Edmondson Ave.

20. FILED JAN 26 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1936 to Jan 21, 1937

I last saw her alive on Jan 20, 1937. Death is said to have occurred on the date stated above, at 12:30 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Ovary	?
Cardiac Insufficiency	1-15-37

Other contributory causes of importance:

Was an operation performed? Yes Date of Sept 9, 1936

For what disease or injury? Cause of death

Name of operation Exploratory (Abdominal)

What test confirmed diagnosis? Micro Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George H. Wiesing M. D.

(Address) 4000 Edmondson Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31521

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31521

CERTIFICATE OF DEATH

#20433

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals Iife St. 19-411-a-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances Sophie Stevens

If U. S. Veteran specify WAR

(a) Residence: No. 1818 Wilhelm St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Collet

6. DATE OF BIRTH (month, day, year) 11/16/11

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
25	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00-9

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME Herbert Lupas

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Erma Charles

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Jan 26, 1937

19. UNDERTAKER Harry H. Lubke (Address) 411 Catherine ave.

20. FILED Huntington Williams M.D. JAN 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-19-37, 1937, to 1-21, 1937

I last saw her alive on 1-21, 1937. Death is said to have occurred on the date stated above, at 5.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Acute)	
Other contributory causes of importance:	
? Influenza	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Autopsy?

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) F. E. Kodaw M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31522

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31522

CERTIFICATE OF DEATH

54

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2620 Shirley Ave. St. 15-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 10 mo. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John George Bauersfeld. If U. S. Veteran specify WAR .....

(a) Residence: No. 2620 Shirley Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If ~~XXXXX~~ widowed, or ~~XXXXXX~~ HUSBAND of (~~XXXXX~~) Elizabeth Bauersfeld.

6. DATE OF BIRTH (month, day, year) March 8, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Chef.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William F. Bauersfeld.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Widich.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Josephine A. Clancy.
(Address) 2620 Shirley Ave.

18. BURIAL, CREMATION, OR REMOVAL
Baltimore Cemetery Date Jan 24 - 1937

19. UNDERTAKER Chas. G. Black
(Address) 742 W. North ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 22, 1937 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arthritis,	
Endocarditis.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto M. Reinhardt M. D.
(Coroner)

1/22/37 (Address) 1017 S. Charles St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B 1268-9

F 31523

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31523

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md. Gen. Hospital

CITY OF BALTIMORE: (No. ..... St., 26-236 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Andrew J. Schmidt

If U. S. Veteran specify WAR .....

(a) Residence: No. 5111 Belair Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fanny Schmidt

6. DATE OF BIRTH (month, day, year) Jan 26 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1015

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Salem Mass

FATHER

13. NAME Andrew Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Fanny Schmidt

(Address) 5111 Belair Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Md. Date 1/25/ 1937

19. UNDERTAKER Geo. Chapman

(Address) 3002 Baltimore

20. FILED JAN 24 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above. 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Septicemia	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1-15 1937

Where did injury occur? Stewarts Store (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place In Grocery Store.

Manner of injury Splinter in finger

Nature of injury Bruise or contusion.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) O. Hans Caraner Coroner M. D.

(Address) 245 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

F 31524

HEALTH DEPARTMENT--CITY OF BALTIMORE

F 31524

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 E. 25th. St. St. 12-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edna A. Brown.

If U. S. Veteran specify WAR.....

(a) Residence: No. 114 E. 25th. St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Widowed.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas E. Brown.

6. DATE OF BIRTH (month, day, year) July. 21-1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 1937

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

FATHER

13. NAME Charles Herbert.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Susan Crawford.

16. BIRTHPLACE (city or town) (State or country) N. J.

17. INFORMANT Mrs. Ethel McKinney

(Address) 114 E. 25th, St.

18. BURIAL, CREMATION, OR REMOVAL

Place Philadelphia, Pa. Date Jan. 25 1937.

19. UNDERTAKER Charles J. Schwab.

(Address) 505 N. Monroe St.

20. FILED Huntington Williams, M.D.

JAN 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1936 to January 21, 1937

I last saw her alive on January 21, 1937. Death is said to have occurred on the date stated above, at 7:55 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Breast	March 1935

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo W. Montgomery M.D.

(Address) 401 East 25th Street

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31525 ✓ F 31525

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary E. Hoffman

If U.S. Veteran specify WAR

(a) Residence: No. 406 E. St. Spanner Point St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. August J. Hoffman

6. DATE OF BIRTH (month, day, year) March 3 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82 yr.	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housf.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Husband Vincent J. Hoffman
(Address) 406 E. St. Spanner Point

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Jan 27 1937

19. UNDERTAKER John F. Dembey
(Address) 715 Light St

20. FILED 19

JAN 24 1931 Registrar Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-23-37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1-8-37, 19, to 1-28-37, 19

I last saw her alive on 1-23-37, 19 Death is said to have occurred on the date stated above, at 11 15/m m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	
Auricular Fibrillation	

Other contributory causes of importance:

1. Hernia of Bladder through vagina
2. Chronic Calculus cystitis

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? cystoscopic Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Mettler Jr. M. D.

(Address) Mercy Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

F 31526 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31526

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 Warrenton St. 24th Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rodger Jacob O'Dea,

(a) Residence: No. 105 Warrenton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 2 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	6	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cashier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad
10. Date deceased last worked at this occupation (month and year) Dec 37
11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Patrick O'Dea
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Hughes
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Maria Shaw
(Address) 105 Warrenton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 1/25 37 19

19. UNDERTAKER J. Fahey Sons
(Address) 1315 Light St.

FILED JAN 24 1937 19 E. [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) Jan 22, 19 37

21. I HEREBY CERTIFY, That I attended deceased from Jan 4, 19 37, to Jan 22, 19 37
I last saw h[illegible] alive on Jan 22, 19 37, death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/4/37

Other contributory causes of importance:

Heart disease

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible], M. D.
(Address) 121 [illegible]

A. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

F 31527

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31527

82-a

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 418 E. Fort Ave. ST. 24-2 WARD)

2-FULL NAME Barbara A. Ahrens.

(a) RESIDENCE NO. 418 E. Fort Ave. ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. --- mos. --- ds. How long in U. S., if of foreign birth? 75 yrs. --- mos. --- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced (or) WIFE of Henry H. Ahrens.

6 DATE OF BIRTH (month, day, and year) May 3, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	77	8	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Martin Weiss.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Anna ------- 1/22/37

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Julia Moon. (daughter)
(Address) 418 E. Fort Ave.

15 Filed JAN 21 1937, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 22, 1937

17 I HEREBY CERTIFY, That I attended deceased from January 21, 1937 to January 22, 1937 that I last saw her alive on January 21, 1937 and that death occurred, on the date stated above, at 11.10 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.
Left Hemiplegia.

(duration) ... yrs. ... mos 1 ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical diagnosis.

(Signed) Otto Reinhardt, M. D.

(Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer.

DATE OF BURIAL 1/25 1937

20 UNDERTAKER J. J. Fahey & Sons

ADDRESS 1318 Light

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

✓ F 31528

F 31528

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH St. Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton St., 3-W Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr Nathan Evnin

If U.S. Veteran specify WAR....., ...

(a) Residence: No. 1137 E. Baltimore St, ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	White Jewish	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Evnin

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Marcus Evnin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Ida Silverman
(Address) 3716 Towanda ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rodeph Shalom Cem. Date Jan. 24, 1937

19. UNDERTAKER Sol Levinson & Bro
(Address) 1137 E. Baltimore St.

20. FILED JAN 24 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-11, 1937, to 1-23-, 1937

I last saw h/l/m alive on 1-23- 1937. Death is said to have occurred on the date stated above, at 2.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	11-21-37
Other contributory causes of importance: Carcinoma Sigmoid	(?)

Was an operation performed? Yes Date of .....

For what disease or injury? Carcinoma

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. Parr M. D.

(Address) St. Agnes Hospital

JAN 24 1937

F 31529

31529

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. 27-18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3226 W. Garrison ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kate Appel

If U.S. Veteran specify WAR

(a) Residence: No. 3226 W Garrison ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: of Herman

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): 1937

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Canada

FATHER

13. NAME: Moses Lowitz

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Sarah Strauss

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT (Address): Herman Appel 3226 W Garrison Ave

18. BURIAL, CREMATION, OR REMOVAL: Balto Hebrew Cemetery Date Jan 24 1937

19. UNDERTAKER (Address): Sol Levinson Bros. 1127 E Baltimore St

Huntington Building, Baltimore, Md.

20. FILED JAN 24 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 24 1937

22. I HEREBY CERTIFY, That I attended deceased from 1933 to Jan. 24, 1937

I last saw her alive on Jan. 23, 1937. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular Disease	?
Auricular Fibrillation	
Hemiplegia	3 yrs
Other contributory causes of importance:	
Cerebral Thrombosis	5 days

Was an operation performed? No Date of

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. A. Sussman M. D.

(Address) 2340 Eutaw Place

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

31530

F 31530

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95-B

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2142 W Fayette ST. 20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theresa Vildt

(a) RESIDENCE NO. 2142 W Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 25-1871

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Teamstress

(b) General nature of industry, business, or establishment in which employed (or employer) Clothes

(c) Name of employer Schloss 0069

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Mathias

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger

12 MAIDEN NAME OF MOTHER Catherine Kneis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger

14 Informant Miss Katherine Vildt Daughter

(Address) 2142 W. Fayette Street

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 22, 1937

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1932, to January 22, 1937.

that I last saw h alive on January 21, 1937,

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic cardio-vascular disease

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Exam

(Signed) Sheridan E. Stacy, M. D.

, 19 (Address) 3803 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 1/25 1937

20 UNDERTAKER Henry C. Brenninger & Son

ADDRESS 1500 Widemond St 1136 Poplar Grove St

JAN 24 1937

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 31531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 31531

51-C

1. PLACE OF DEATH St. agnes Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton Ave St. 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Kreitz

If U.S. Veteran specify WAR

(a) Residence: No. Emmitsburg Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary Kreitz

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0050

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Frank Kreitz

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mary Kreitz (Address) Emmitsburg Md

18. BURIAL, CREMATION, OR REMOVAL Place Emmitsburg Md 1/26/37

19. UNDERTAKER [illegible] (Address) Emmitsburg Md

20. FILED JAN 24 1937 Huntington Williamsburg Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/20, 1936, to 1/24, 1937

I last saw him alive on 1/24, 1937. Death is said to have occurred on the date stated above, at 8 19 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	1930

Other contributory causes of importance:

Anemia, Secondary

Was an operation performed? yes Date of 12/5/35

For what disease or injury? Carcinoma Prostate

What test confirmed diagnosis? Cl. & Hob. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so specify

(Signed) [illegible] M. D.

(Address) St agnes Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

31532 HEALTH DEPARTMENT—CITY OF BALTIMORE 31532

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katherine Martha Hamilton

If U.S. Veteran specify WAR

(a) Residence: No. 614 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 27, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Hamilton

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Maine Schoenfelter

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT John Hamilton Leek

(Address) 2201 Fayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Jan 28 1937

19. UNDERTAKER William A. Shriver Inc.

(Address) 1130 Edmondson Av.

FILED JAN 27 1937

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) Jan 22, 1937

21. I HEREBY CERTIFY, That I attended deceased from Jan 21 1937 to Jan 22, 1937

I last saw h[illegible] alive on Jan 21, 1937. Death is said to have occurred on the date stated above, at 1.55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignancy of Gastro-intestinal tract.	
Other contributory causes of importance: Lobar pneumonia	
Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard H Pembroke M. D.

(Address) Mercy Hospital.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-a

F 31533

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31533

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 W. Fayette St., 18-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 20 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Myra C. Stant

(a) Residence: No. 808 W. Fayette St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of late Alexander W. Stant

6. DATE OF BIRTH (month, day, year) May 24, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	7	30 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 1937 | 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Annais . Powell

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Sarah M. Tingle

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr Samuel W. Stant
(Address) # 808 W. Fayette Street

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 1 / 25/ 1937

19. UNDERTAKER John J. Cowan & Son
(Address) # 901 Hollins Street

JAN 27 1937

Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 19 1937 to Jan 23 1937

I last saw her alive on Jan 23 1937 Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 17,
Other contributory causes of importance:	
Kidneys Edema	Jan 22

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Shannon M. D.

(Address) 2652 W Fayette St

F 31534

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31534

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1218 St. Paul St. 11-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME WILLIAM HENRY PITCHER

If U. S. Veteran specify WAR

(a) Residence: No. 1218 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Willie Belle Porter

6. DATE OF BIRTH (month, day, year) July 11.1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President of Crook-Horner Supply Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plumbing Mach- Inist & Mill Sup.

10. Date deceased last worked at this occupation (month and year) Jan. 13. 1937

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Columbus Oscar Pitcher

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Charlotte Ann Leydley

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mr. Wm. H. Pitcher Jr. (Son)

(Address) 205 Goodwood Gardens

18. BURIAL, CREMATION, OR REMOVAL

Place Mapkin Presbt. Cem. Date Jan. 15 1937

19. UNDERTAKER HENRY SANDER & SONS. INC.

(Address) Baltimore & Broadway.

20. FILED JAN 21 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 21. 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-20 1937 to 1-21 1937

I last saw h[illegible] alive on 1/21 1937 Death is said to have occurred on the date stated above, at 8.15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	
Coronary Failure	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, [illegible]

(Signed) [signature] M. D.

(Address) 1123 St. Paul St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

M. D. 8-1268

F 31535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 31535

49a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Esplanade apts. St., 13-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Adelaide C Eisenman

(a) Residence: No. Esplanade Apts St., Lot Street Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph —

6. DATE OF BIRTH (month, day, year) May 22, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Michael Rosenfeld

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Caroline

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Douglas Louise (Address) Esplanade apts

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore; Holland Jan 24 1937

19. UNDERTAKER Jack Lewis & Son (Address) 1439-41 E. Baltimore Street

20. FILED Jan 24 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 23rd 1937

22. I HEREBY CERTIFY, That I attended deceased from January 2nd 1937 to January 23rd 1937

I last saw h.. alive on January 23rd 1937 Death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abdominal Carcinomatosis	6 mo ago
Breast Carcinoma, Left	6 mo ago

Other contributory causes of importance: Myocardial Insufficiency

Name of operation Exploratory Abdomen Date of —

What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Harry Krongoloff M. D.

(Address) Temple Forday Apts.

JAN 24 1937

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 31536 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31536

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1833 Druid Hill Ave 4-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..m's. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Mary Ellen Jones

If U. S. Veteran specify WAR .....

(a) Residence: No. 1833 Druid Hill Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John P Jones.

6. DATE OF BIRTH (month, day, year) May 23-1824

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
112	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) St Marys Co Md

FATHER

13. NAME Edward Wellington

14. BIRTHPLACE (city or town) (State or country) Prince Geo Co Md

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Emma C Bennett

(Address) Woodstock Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters-Ridge Md. Date Jan. 25 1937

19. UNDERTAKER Mrs. Geo. N. Pollard

(Address) 1631 Druid Hill Ave

JAN 24 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, and that I obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	2
Myocarditis Chronic	1

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Hosley Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. Allen Coroner M. D.

(Address) 5 E Lexington St.

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

31537 HEALTH DEPARTMENT—CITY OF BALTIMORE 31537

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2206 Mc Culloh St. 14-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Wm E. Coombs

If U.S. Veteran specify WAR ....

(a) Residence: No. 2206 Mc Culloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Barbara Coombs

6. DATE OF BIRTH (month, day, year) March 8, 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	9 10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) St Marys Co (State or country) Md

FATHER

13. NAME George Coombs

14. BIRTHPLACE (city or town) St Marys Co (State or country) Md

MOTHER

15. MAIDEN NAME Barbara Miller

16. BIRTHPLACE (city or town) Charles Co (State or country) Md

17. INFORMANT Barbara Coombs
(Address) 2206 Mc Culloh St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date 1-26 1937

19. UNDERTAKER George T. A. Gibson
(Address) 1733 Pennsylvania Ave

20. FILED JAN 24 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1936 to 1/22/37 inst.
I last saw him alive on Jan 21, 1937. Death is said to have occurred on the date stated above, at 9:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Pneumonia	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) D. Lee Ellis M. D.

(Address) 2400 Eastern Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

7-31538 7-31538

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 210-M

1. PLACE OF DEATH St Agnes Hospital Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 20 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Geo. Edward North — If U. S. Veteran specify WAR

(a) Residence, No. Fordside Pimpit Rd St., Woodbourne Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — WIFE of (or) HUSBAND of Catherine Force

6. DATE OF BIRTH (month, day, year) June 27-1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R Co

10. Date deceased last worked at this occupation (month and year) Nov-1936 — 11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Richard North

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emma Parrott

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Bernard North Forest Rd

18. BURIAL, CREMATION, OR REMOVAL Place St. Augustine Date Jan. 25, 1937

19. UNDERTAKER (Address) Thos. J. Kenny 1600 Hollins St.

JAN 24 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Coma	

Other contributory causes of importance: Fract. left tibia-fibula

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1-2, 1937

Where did injury occur? Woodbourne, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Hit by auto crossing

Nature of injury Fracture

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ..... M. D.
Coroner

(Address) .....

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B. 1268-9

F 31539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 31539

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Barre St & Stump Alley St., 22-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 10 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Hammel.

(a) Residence: No. 424 Hanover St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~or WIFE of~~ Annie Hammel.

6. DATE OF BIRTH (month, day, year) March 2, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Adam Hammel.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Margaret Mutchman.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Annie Hammel. (wife)

(Address) 1415 Clarkson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date Jan 25 1937

19. UNDERTAKER G. Bernard Evans

(Address) 1405 Pennsylvania Ave

20. FILED JAN 24 1937 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 22, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importanre were as follows:

	Date of onset
Coronary Thrombosis.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto M Reinhardt M. D.

1/23/37 Coroner

(Address) 1017 S. Charles St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s e

F 31540

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31540

CERTIFICATE OF DEATH

× 122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. W-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rebecca Fisher

If U.S. Veteran specify WAR .....

(a) Residence: No. Pleasant Hill Balto. Co. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest Fisher

6. DATE OF BIRTH (month, day, year) Nov 11 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67 yrs	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md. Whitcomb

FATHER

13. NAME Henry Weston

14. BIRTHPLACE (city or town) (State or country) Md. Baltimore

MOTHER

15. MAIDEN NAME Elizabeth Poblitz

16. BIRTHPLACE (city or town) (State or country) Lizzie Poblitz Md.

17. INFORMANT Albert Delmare

(Address) Pleasant Hill

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem. Date Jan. 27, 1937

19. UNDERTAKER D. F. Cline & Sons.

(Address) Leisterstown Md.

20. FILED JAN 24 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/24 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/22/37 to 1/24/37

I last saw h[illegible] alive on 1/24/37 Death is said to have occurred on the date stated above, at 12:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	1/17/37
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1/23/37

For what disease or injury? Intestinal obst.

What test confirmed diagnosis? Autopsy Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John M. Warren M. D.

(Address) Univ. Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

31541

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 31541

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton Ave St. 70-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Ida Francis Armiger

If U.S. Veteran specify WAR No Record

(a) Residence: No. 1413 Rossmoth St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. ~~Married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Wm J. Armiger

6. DATE OF BIRTH (month, day, year) Mar 10th 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Thompson

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Jean F. Armiger

(Address) 2660 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Jan 26th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JAN 25 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-23-, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-9-, 1937 to 1-23-, 1937

I last saw her alive on 1-23-, 1937 Death is said to have occurred on the date stated above, at 5.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Decompensation + Failure.	1-9-37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) Louis S. Llewelyn M. D.

(Address) St. Agnes Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31542

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31542

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3014 Glenmore Ave St. 27-4 Ward) Registered No. 126

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Matilda Tuerk

If U.S. Veteran specify WAR No Record

(a) Residence: No. 3014 Glenmore Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. COLOR or RACE White | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced (or) WIFE of Adam Tuerk

6. DATE OF BIRTH (month, day, year) Sept 3-1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X | 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George F Albrecht

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Julia Wagner

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT George A. Tuerk
(Address) 2711 Harlem Parkway

18. BURIAL, CREMATION, OR REMOVAL
Laurel Park Date Jan. 26, 1937

19. UNDERTAKER William Cook
(Address) 1520 E. 33rd Street

20. FILED JAN 25 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/4/36 Jany 24, 1936 to Jan 23, 1937

I last saw h alive on Jan 23, 1937. Death is said to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	May/36
Other contributory causes of importance: Cerebral Hemorrhage (Embolic)	
Was an operation performed? Yes Date of May 6/37.	
For what disease or injury? (See Stub)	

What test confirmed diagnosis? Cly Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. H. Meyer M. D.

(Address) 1520 E. 33rd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31543

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31543

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5701 Buchanan Ave St., 27-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geo George Robert Donaldson

(a) Residence: No. 5701 Buchanan Ave St., Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. If single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Donaldson

6. DATE OF BIRTH (month, day, year): Sept 11 1868

7. AGE: Years 68 | Months 4 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Yarnmaster Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mohawk Cordage Co

10. Date deceased last worked at this occupation (month and year): 1935

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): East Co Me

FATHER

13. NAME: Robert Donaldson

14. BIRTHPLACE (city or town) (State or country): East Co Me

MOTHER

15. MAIDEN NAME: Ida Tweedy

16. BIRTHPLACE (city or town) (State or country): East Co Me

17. INFORMANT (Address): Mary Donaldson 5701 Buchanan Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Fairview Cemetery Date 1/27/37

19. UNDERTAKER (Address): Wm Cox Inc 1214 Lombard St

FILED JAN 23 1937

Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 24 1937

22. I HEREBY CERTIFY, That I attended deceased from June 18 1936 to Jan 24 1937

I last saw him alive on Jan 24 1937 Death is said to have occurred on the date stated above, at 6:52 P.M.

The principal cause of death and related causes of importance were as follows:

Influenza. — Date of onset 1-16-37

Other contributory causes of importance:

Bronchial Asthma — 19-28

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? none

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) L. L. Gordy M. D.

(Address) 5106 Hoyford Road

V 53

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—0 30—A. & Co.—250 Bks

31544

F 31544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH Franklin Square Hospital

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 23-3 WARD .....

2-FULL NAME Vernon Lulie

(a) RESIDENCE NO. 1736 (Usual place of abode) ST. Light WARD .....
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 21 1935

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Elmer Lulie

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Lena Hessie

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Mrs Elmer Lulie (Father)
(Address) 1736 Light St

15 Filed [illegible] 19 [illegible] Huntington Pattinson, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/23/37

17

I HEREBY CERTIFY, That I attended deceased from 1/12/, 1937, to 1/23/, 1937
that I last saw him alive on 1/23/, 1937
and that death occurred, on the date stated above, at 12.35 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia with Empyema right side.

(duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY — (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of .....

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) D. T. Baxter M. D.

, 19 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL Jan. 26 1937

20 UNDERTAKER John J. Glenny — ADDRESS 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 31545

31545

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 8-4 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Katherine Tennant

If U.S. Veteran specify WAR .....

(a) Residence: No. 2303 E. Oliver St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Robert L. Tennant

6. DATE OF BIRTH (month, day, year) May 18 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, saw yer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm Westerman

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Catherine Gillian

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Ruth (Address) 2303 E. Oliver st

18. BURIAL, CREMATION, OR REMOVAL Place Maryland Mem. Park Date Jan. 26 37

19. UNDERTAKER Philip Herwig Sons (Address) 206 Orleans St

JAN 25 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1937 to Jan 23, 1937

I last saw her alive on Jan 23, 1937 Death is said to have occurred on the date stated above, at 1.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	1/17
Hypostatic pneumonia	1/18

Other contributory causes of importance: Diabetes

Was an operation performed? Yes Date of Jan 16-1937

For what disease or injury? Post Operative hernia

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jerome Frank M. D.

(Address) Church Home

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31546

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31546

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2309 Whittier ave 13-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Swimmer

If U.S. Veteran specify WAR

(a) Residence: No. 2309 Whittier ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

3a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Late Max

6. DATE OF BIRTH (month, day, year) 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Israel

14. BIRTHPLACE (city or town) (State or country) Russian

MOTHER

15. MAIDEN NAME Mary Jackson

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Louis Swimmer

(Address) 2309 whittier ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Hebrew Cemetery Date Jan 25 1937

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto St

20. FILED Jan 25 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 96 to Jan 24 1937

I last saw her alive on Jan 24 1937 Death is said to have occurred on the date stated above, at 3:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Broncho Pneumonia	1/22/37
Other contributory causes of importance: Endocarditis	1 yr

Was an operation performed? — Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? specify

(Signed) M. L. Mazer M. D.

(Address) 1664 E. Baltimore St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. 1266 F 31547

F 31547

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 Ausquith St., 5-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Max Lerner

If U. S. Veteran specify WAR .....

(a) Residence: No. 403 Ausquith St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Meyer Lerner

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Zobie —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mr Lerner

(Address) Washington D. C

18. BURIAL, CREMATION, OR REMOVAL

Place Old Bloomingdale Date Jan 25 1937

19. UNDERTAKER Sol Levinson Bro

(Address) 1221 E Baltimore St

20. FILED JAN 25 1937 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 23 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul A Chenher, M. D. Coroner

(Address) 1912 E. North Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

31548

CERTIFICATE OF DEATH

94-B

Registered No. 31548

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~Sinai~~ Sinai Hospital St. 27-17 Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alexander Newman

If U.S. Veteran specify WAR

(a) Residence: No. 4909 Queensbury Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie

6. DATE OF BIRTH (month, day, year) 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Wolf Newman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Marshall Udel

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hattie Newman
(Address) 4909 Queensbury ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Hebrew Cemetery Date Jan 27 1937

19. UNDERTAKER Sol Levy on Bro
(Address) 1127 E Baltimore St

20. FILED JAN 25 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/24 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 18 1937 to Jan 24 1937

I last saw h. alive on Jan 24 1937. Death is said to have occurred on the date stated above, at 11:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1/18/37

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard Lidman M. D.

(Address) Sinai Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 25 1937

Buckingham

F 31549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

F 31549

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1320 Hollins St. 19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME E. Florence Buckingham

If U. S. Veteran specify WAR .....

(a) Residence: No. 1320 Hollins st St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Wm G Buckingham

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary A

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Elmer Buckingham

(Address) 1320 Hollins st

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 1/25, 1937

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins sts

20. FILED ..... 19 ..... Registrar

JAN 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1936, to Jan 21, 1937

I last saw her alive on Jan 2, 1937 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
coronary thrombosis	3 mons
Other contributory causes of importance:	
Cerebral hemorrhage	1 day

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Benjamin Miller MD, M. D.

(Address) 2030 Wilkins Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31550

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31550

95-B

CERTIFICATE OF DEATH

12-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 Southway St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred About 75 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Florence E. Yewell

If U. S. Veteran specify WAR

(a) Residence: No. 419 Southway, Guilford St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis E. Yewell

6. DATE OF BIRTH (month, day, year) ---

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 75	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME ------ Wilkerson

14. BIRTHPLACE (city or town) ------- (State or country) Maryland

MOTHER

15. MAIDEN NAME Lucy Pyle

16. BIRTHPLACE (city or town) -------- (State or country) Maryland

17. INFORMANT Mrs. Edwina Y. Munger

(Address) Merchantville, N. J.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date 1/25 19 37

19. UNDERTAKER Henry H. Myers & Son

(Address) 5-7 N. Calvert St.

N. 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1c, 1936, to Jan 23, 1937

I last saw h... alive on Jan 23, 1937. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular disease	?
Other contributory causes of importance: Apoplexies Strokes (Paralysis nursing sts Hemorrhage)	Aug 14 1936

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) Luther E. Leitch M. D.

(Address) 928 N. Charles St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31551

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31551

CERTIFICATE OF DEATH

Y 53-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 S. East Ave. St. 76-16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Allie Fair Elliott

If U.S. Veteran specify WAR .....

(a) Residence: No. 100 S. East Ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Francis Elliott, Sr.

6. DATE OF BIRTH (month, day, year) July 8, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent County Maryland

FATHER

13. NAME Robert H. Wright

14. BIRTHPLACE (city or town) (State or country) Kent County Maryland

MOTHER

15. MAIDEN NAME Emily F. Voshell

16. BIRTHPLACE (city or town) (State or country) Kent County Maryland

17. INFORMANT Mr. Gilbert R. Elliott

(Address) 100 S. East Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Jan. 25, 1937

19. UNDERTAKER Joseph R. Cook

(Address) 1003 E. Baltimore St.

20. FILED ... 19 ...

Registrar.

JAN 25 1937

Lexington Williamson, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 1936 to January 21, 1937

I last saw her alive on January 21, 1937. Death is said to have occurred on the date stated above, at 5.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder	Jan. 1935
Metastasis to lung bases	Oct 1936
	Nov
Other contributory causes of importance:	
Healed wound right leg	1932

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Albert E. Sikorsky, M. D.

(Address) 2939 McElderry St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31552

CERTIFICATE OF DEATH

F 31552

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hosp St. 11-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Eliza Owings

If U. S. Veteran specify WAR .....

(a) Residence: No. Reisterstown Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Owings

6. DATE OF BIRTH (month, day, year) Mar 12 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Co.

FATHER

13. NAME William Stoudray

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Julia Fredsich

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT George A. Jessop

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Date Jan 28 1937

19. UNDERTAKER J. Ensing & Sons.

(Address) Reisterstown

20. FILED ..... 19 .....

Registrar.

Arlington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (month, day, year) Jan 25, 1937

I HEREBY CERTIFY, That I attended deceased from Jan. 1937 to Jan 25, 1937

I last saw her alive on Jan 25, 1937 Death is said to have occurred on the date stated above, at 4 45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Coronary Occlusion	

Other contributory causes of importance:

aortic insufficiency	

Was an operation performed? Yes Date of .....

For what disease or injury? Coronary Occlusion

Name of operation External Cardiac Massage

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. P. Stephan M. D.

(Address) Md Gen Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

N 25 1937

M. D. D. 1263-9

F 31553 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31553

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH Union Memorial Hosp Da

CITY OF BALTIMORE: (No. ..... St., 9-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mellourne

If U. S. Veteran specify WAR .....

(a) Residence: No. ..... St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months 8	Days 3	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country)

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Wicomico Co Md Date Jan 25 1937

19. UNDERTAKER .....
(Address)

JAN 25 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ..... 19 .....

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

Instructions should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

31554

HEALTH DEPARTMENT—CITY OF BALTIMORE

31554

CERTIFICATE OF DEATH

V 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2621 Aisquith St., 9-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry T. Krieis

If U.S. Veteran specify WAR No Record

(a) Residence: No. 2621 Aisquith St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, ~~or Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~or WIFE of~~ Mary A. Krieis

6. DATE OF BIRTH (month, day, year) Sept 12th 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Silversmith 1086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sam'l Kirk

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Krieis

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emma Boyd

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Harry P. Krieg

(Address) 2621 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL

Place St Josephs Belair Md. Jan 26th 1937

19. UNDERTAKER Wm Cook

(Address) 1207 St Paul St

20. FILED ..... 19 ..... Registrar

Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23rd 1937

22. I HEREBY CERTIFY, That I attended deceased from June 31 to Jan 23 1937

I last saw him alive on Jan 22 1937 Death is said to have occurred on the date stated above, at 6-a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia Left	1931
Arteriosclerosis, General	?
Cerebral hemorrhage (2nd Vascular lesion)	1/18/37
Other contributory causes of importance:	
Cardiac Hypertrophy	?

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) 106 Bradley M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. No. 31555 E 31555

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 27-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Wilma W. Wilkinson

(a) Residence: No. 2808 Louise Ave St., ... Ward. .....
(Usual place of abode) 20 yrs (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Margaret Wilkinson

6. DATE OF BIRTH (month, day, year) Nov. 4, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Aberdeen Md.

FATHER

13. NAME Joseph Wilkinson

14. BIRTHPLACE (city or town) (State or country) Aberdeen Md.

MOTHER

15. MAIDEN NAME Mulvaney

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT J. Leonard Reinhardt

(Address) 2808 Louise Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baker Cem Aberdeen Md Date Jan 26. 1937

19. UNDERTAKER William Cook

(Address) 217 S. Caroline Street

20. FILED ..... Lexington Millard [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 23. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry) to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	

Other contributory causes of importance: Cerebral Apoplexy — Fractured Skull

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schreiber M. D. Coroner

(Address) 1918 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. All items should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should

V 5 6

31556 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 31556

CERTIFICATE OF DEATH

✓ 10

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenhurst Hospital St. 23-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 3 mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Fitzhugh

If U. S. Veteran specify WAR .....

(a) Residence: No. 1042 - Patapsco St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 9, 1935

7. AGE	Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
	1	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Maurice Fitzhugh

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME Violet Price

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Father Maurice Fitzhugh.

(Address) 1042 Patapsco St.

18. BURIAL, CREMATION, OR REMOVAL

Holy Cross Cem Co. Date 1-25th 1937

[illegible] Bernard C. Harle

[illegible] E. West St

[illegible] Huntington Millinocket, Me

JAN 25 1937

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1937, to Jan. 23, 1937

I last saw her alive on Jan. 23, 1937. Death is said to have occurred on the date stated above, at 3:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laryngeal diphtheria	1/21/37
Bronchopneumonia	1/21/37

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Sidney Gelman M. D.

(Address) Lyndenhurst Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31557

31557

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

60

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 63 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Otto Ackerman

If U.S Veteran specify WAR .....

(a) Residence: No. 2310 E Fairmount Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 4 - 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam fitter Insulator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2086

10. Date deceased last worked at this occupation (month and year) 5 yrs

11. Total time (years) spent in this occupation 32 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Andrew Ackerman

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Adelide Morgenroth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) 2310 E Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Jan 26 1937

19. UNDERTAKER John Wenick

(Address) 200 E Orleans St

JAN 25 1937

E Fairmount Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 23. 1937

22. I HEREBY CERTIFY, That I attended deceased from January 20 1937 to January 23 1937

I last saw him alive on January 23 1937. Death is said to have occurred on the date stated above, at 2:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	
Senility Arteriosclerosis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul A Fleagle M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. No. 31558

F 31558

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

209 M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 06-5 St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Marie Addicks

If U. S. Veteran specify WAR .....

(a) Residence: No. 401 S. Bonsal St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob C.

6. DATE OF BIRTH (month, day, year) March 14 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME John Beyer.

14. BIRTHPLACE (city or town) Bavaria (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Marie Zart

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Jos. Christian Addicks (Address) 401 S. Bonsal St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Jan 25 1937

19. UNDERTAKER John Ulmer & Co (Address) 200 E. Pleasant St

Embalmer Livingston Matthews

JAN 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Pelvis (etc.)	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Jan 21, 1937

Where did injury occur? Baltimore Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Eastern Ave & Bonsal St

Manner of injury Struck by street Car while walking across street

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. W. Wright Coroner, M. D.

(Address) 10102 E. Baltimore St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 31559 ✓ 2-2 131 F 31559

F 31559

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1738 E. Lombard St., 2-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 50 yrs. ... mos. ... ds.

2. FULL NAME Idwiga Buchanska-Mondrak

If U.S. Veteran specify WAR .....

(a) Residence: No. 1738 E. Lombard St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vincent

6. DATE OF BIRTH (month, day, year) July 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unkown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Pauline Majka

(Address) 1738 E. Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Jan 26 1937

19. UNDERTAKER Mathew A. P. Coffey

(Address) 37 S Ann St.

20. FILED JAN 25 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1937, to Jan 23, 1937

I last saw her alive on Jan 23, 1937. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic CVR	yrs
Mesenteric Thrombosis	3 days.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Zyko, M. D.

(Address) 2221 Easter Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

31560

HEALTH DEPARTMENT—CITY OF BALTIMORE

31560

CERTIFICATE OF DEATH

23 14934

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 25-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leo Obrocki

If U. S. Veteran specify WAR

(a) Residence: No. 1616 Church St. Curtis Bay St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-24-1920

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
16	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Leopold Obrocki

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Syda Szymanowski

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL 1-26-37

Place Holy Cross S.A.Co. Date Jan 26, 1937

19. UNDERTAKER Wm. L. Fialkowski

(Address) 2007 Eastern ave

20. JAN 25 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1936 to Jan 22, 1937

I last saw him alive on Jan 22, 1937. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Tuberculosis of lungs	April 1936

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 F 31561

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 930 S Sharp St., 23 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel Gross

If U. S. Veteran specify WAR

(a) Residence: No. 930 S Sharp St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Wid

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Gross

6. DATE OF BIRTH (month, day, year) Oct 2 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	Oct 3	2 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Yard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md (State or country)

FATHER

13. NAME Name Daniel Gross

14. BIRTHPLACE (city or town) Balto Md (State or country)

MOTHER

15. MAIDEN NAME Emma Tetler

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Harry Gross (Address) 930 S Sharp St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Cemty Date 1/28, 1937

19. UNDERTAKER Walter B Spigler (Address) 139 W Hamburg St.

Registrar.

JAN 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1937 to Jan 22, 1937

I last saw him alive on Jan 22, 1937 Death is said to have occurred on the date stated above, at 1401 hr.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset

Other contributory causes of importance:

Toxemia

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

Physical Signs

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H G Thompson M. D.

(Address) 001 Westminster

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-E 31562

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2839 Coly Spring Lane (Ward) 43

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 15 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Esther Baila Posner

(a) Residence: No. 2839 Coly Spring Lane St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Moses

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morris

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Irene

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sam Posner

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville Date 1/25/37

19. UNDERTAKER Jos. L. Levy Inc.

(Address) 1132 E. Baltimore St.

[illegible] Registrar.

JAN 25 1937 Washington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/25/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 1/22 1937, to 1/24 1937

I last saw h[illegible] alive on 1/24 1937. Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31563 F 31563

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hos St. 22-1 Ward) Registered No. 18-33

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hattie Briscoe [redacted] Wife If U. S. Veteran specify WAR .....

(a) Residence: No. 37 E. Hughes St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: [redacted] Lester Wise
6. DATE OF BIRTH (month, day, year): May 1
7. AGE: Years 41 | Months 8 | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: genl domestic
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Prince George Co. (State or country) Maryland

FATHER
13. NAME Tom Briscoe
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Paulin Henrietta Butler
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Grant Gray
(Address) 37 E Hughes St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Jan 25 1937

19. UNDERTAKER James A Hayes
(Address) 1422 Linden Ave

Filed Jan 25 1937 Lington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest found that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
4th & 5th Fracture of vertebrae	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Jan 20 1937
Where did injury occur? Balto Md
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place at home.
Manner of injury Fell from bed on to floor
Nature of injury Fracture vertebrae

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [signature] M. D.
Coroner
(Address) 1010 S. Ellwood Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 25 1937

31564

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31564

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 Elmhurst Rd St. 27-14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 5 mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Canby Marye

If U.S. Veteran specify WAR NONE

(a) Residence: No. 109 Elmhurst Rd. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of May Brooks Maryee

6. DATE OF BIRTH (month, day, year) Aug. 4 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. N. O. L. C. 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Field Representative

10. Date deceased last worked at this occupation (month and year) 1/22/37

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Robert Maryee

14. BIRTHPLACE (city or town) (State or country) Fredericksburg Va.

MOTHER

15. MAIDEN NAME Helen Canby

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. W. B. Maryee (Wife)

(Address) 109 Elmhurst Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date 1/25/37

19. UNDERTAKER Stewart & Mc Cleans Co.

(Address) 1015 N. Monte Ave.

1/25 1937 ... 19 ... Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 23 1937

22. I HEREBY CERTIFY That I attended deceased from 9/27 1936 to 1/23rd 1937

I last saw him alive on January 1937. Death is said to have occurred on the date stated above, at 8:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Pulmonary Edema	

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) H. Lon Peterson M. D.

(Address) Temple Hospital

State cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 31565

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31565

CERTIFICATE OF DEATH

82-a

THE MORGUE

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Murphy

(a) Residence No. none St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

JOHNS HOPKINS MEDICAL SCHOOL JAN 25 1937, 19

19. UNDERTAKER

(Address)

JAN 25 1937 Per N. A. Mills Commissioner of Health

20. FILED 19 Clinton Whitemarsh, M.D.

MORGUE 2926

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrh	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Chas. B. Mallory, M. D. Coroner

(Address) 10 31 St Paul St

OCCUPATION is very important. See instructions on back of certificate.

F 31566

F 31566 HEALTH DEPARTMENT—CITY OF BALTIMORE

54-D

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Violet Brawn.

(a) Residence: No. 1135 W. Franklin Street St., Baltimore Ward. Maryland

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct. 25 19

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	17	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. (Usual)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None. (Usual)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Charles Brawn.

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Alivia Biggs

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Charles Brown (Address) 1135 Franklin St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 1/26 37 19

19. UNDERTAKER Thomas E. Kelson (Address) 1303 Presstman St.

20. FILED ... Huntington Williams, Reg.

JAN 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 14, 1937 to January 22, 1937.

I last saw her alive on January 22, 1937. Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor or Encephalitis.	
	ow

Other contributory causes of importance:

Medullary Paralysis

Exhaustion, Coma

Was an operation performed? yes Date of 1/22/37

For what disease or injury?

What test confirmed diagnosis? clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John M. Warren M. D.

(Address) Univ. Hosp

OCCUPATION is very important. See instructions on back of certificate.

F 31567

F 31567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1141 N. Stockton St. 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ? mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lavern Satchell

If U. S. Veteran specify WAR

(a) Residence: No. 1141 Stockton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Satchell

6. DATE OF BIRTH (month, day, year) 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54	53	+	+	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) Jan. 15. 37

11. Total time (years) spent in this occupation 10+

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Bennett Satchel.

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME unknown to wife

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Eva Satchell

(Address) 1141 Stockton St

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Cem. Date 1/26 1937

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Eastman St.

FILED JAN 25 1937 Eugene Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 22 1937

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1937 to January 22 1937

I last saw h alive on Jan 22 1937. Death is said to have occurred on the date stated above, at 7.35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	Jan 15, 37
Influenza	Jan 14, 37

Other contributory causes of importance:

Was an operation performed? none Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. H. Wright M. D.

(Address) 1209 Druid Hill Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

31568

Cure ✓ F 31568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1927 Brunt St. 44-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 9 mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baskin F. Cure

If U. S. Veteran specify WAR .....

(a) Residence: No. 1927 Brunt St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) April 19 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Cure

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Vancure

16. BIRTHPLACE (city or town) (State or country) Lancaster Co Va

17. INFORMANT Father mother (Address) 1927 Brunt St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 1/25 37

19. UNDERTAKER Thomas E. Nelson (Address) 135 Presstman St

20. FILED ... 19... Registrar

JAN 25 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 23 . 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry)

death on the day stated above. 4 03 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance: ...

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Harry Carouse M. D. Coroner

(Address) 1215 Hanover

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 31569

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31569

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No. 17-3

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., or Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Thornton, Jr.

If U. S. Veteran specify WAR

(a) Residence: No. 839 W. Franklin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) October 15, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Walter

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Catherine Brown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Glendale Town Date 1-28-37

19. UNDERTAKER Bernard P. Hensley
(Address) 818 Druid Hill Ave.

20. FILED JAN 25 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 23, 1937 to January 24, 1937

I last saw him alive on January 24, 1937. Death is said to have occurred on the date stated above, at 2:20 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Aug. 1936
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Sem H. Feldman M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31570

F 31570 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1825 Ashland Ave. Ward) 7-5

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary F. Haskins

(a) Residence: No. 1825 Ashland Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced ~~HUSBAND of~~ (or) WIFE of: George Haskins

6. DATE OF BIRTH (month, day, year): December 24 - ?

7. AGE: Years: Over 80 | Months: | Days: 27 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Eastern Shore Md.

FATHER

13. NAME: Daniel Elickson

14. BIRTHPLACE (city or town) (State or country): Unknown.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMANT: William E. Chamberlain

(Address) 1825 Ashland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Calvary Date: Jan 25 1937

19. UNDERTAKER: Robert K. Young

(Address) 804 W. Caroline St.

20. Filed: JAN 25 1934 Lexington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1937, to Jan 21, 1937

I last saw her alive on Jan 21, 1937. Death is said to have occurred on the date stated above, at 11:55 P.M.

The principal cause of death and related causes of importance were as follows:

Chr. Interstitial Nephritis

& Anuria

Date of onset: Early 1936

Other contributory causes of importance:

Bronchopneumonia

Myocarditis

Jan 19, 1937

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) R. K. Young M. D.

(Address) 1429 E. Monument St.

OCCUPATION is very important. See instructions on back of certificate.

31571 ✓ F 31571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 2603 Guilford Ave St., 12-3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David L. Kates — If U. S. Veteran specify WAR

(a) Residence: No. 2603 Guilford Ave St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Esther Kates

6. DATE OF BIRTH (month, day, year) Oct 14-1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Supt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paper Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 Yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Milton Kates

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Rachael May

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Esther Kates (Address) 2603 Guilford ave

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem Date Jan 27 1937

19. UNDERTAKER Chas. F. Sikes & Son (Address) 118 W. 28th Royal ave

FILED JAN 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1937 to Jan. 25, 1937

I last saw him alive on Jan. 25, 1937 Death is said to have occurred on the date stated above, at 12.05 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Jan. 37

Other contributory causes of importance:

Arteria-sclerosis	Unknown

Was operation performed? No Date of ✓

For what disease or injury? none

Name of operation none Date of ✓

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ✓, 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify none

(Signed) Frank N. Ogden, M. D.

(Address) 2701 N. Calvert St.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

31572

HEALTH DEPARTMENT—CITY OF BALTIMORE 31572

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 10-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Rankin

If U. S. Veteran specify WAR

(a) Residence: No. 728 Ensor Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian F. (Steinberg)

6. DATE OF BIRTH (month, day, year) April 27, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	8	27 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. U. S. Prison

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Investigator

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 4 8 6

12. BIRTHPLACE (city or town) (State or country) New Brunswick, N.J.

FATHER

13. NAME Joseph Rankin

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Sharpe

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 1/26/37

19. UNDERTAKER George J. Pattison Jr.

(Address) 2130 Harford Ave.

20. FILED 19

N. 25931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 18, 1937 to January 24, 1937

I last saw him alive on January 24, 1937 Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	January 1936
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leon H Feldman M. D.

(Address) Baltimore City Hospitals

H

OCCUPATION is very important. See instructions on back of certificate.

M. D. F 31573

F 31573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 THE MORGUE

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hos. St. 3-1 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah Zimmerman

(a) Residence: No. none - found in vacant house 214 S. Springfield St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
about	60	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. COST

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME ,,

14. BIRTHPLACE (city or town) (State or country) ,,

MOTHER

15. MAIDEN NAME ,,

16. BIRTHPLACE (city or town) (State or country) ,,

17. INFORMANT Relatives

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date 19

19. UNDERTAKER JOHNS HOPKINS MEDICAL SCHOOL JAN 25 1937

(Address) Commissioner of Health

JAN 25 1937 Per M. A. Moore

Registrar.

MORGUE 2937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. M. Wright M. D.
Coroner

(Address) 1010 S. Broadway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 31574

F 31574 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35 Morgue

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hos St. 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Clayton

If U. S. Veteran specify WAR

(a) Residence: No. 427 S. Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: X

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 50	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME:

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date JAN 25 1937

19. UNDERTAKER Commissioner of Health

(Address) Per N. A. Moore

25 1937 19 Registrar.

MORGUE 2928

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia from	
Urinary extravasation	

Other contributory causes of importance:

Urethral stricture

Was an operation performed? ... Date of ... over

For what disease or injury?

Name of operation ... Date of

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. C. Wright, M. D.

Coroner

(Address) 1014 S. Edmondson Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

Grave # 4

F 31575

F 31575 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-a

THE MORGUE

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St. 3-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Mccreary

(a) Residence: No. Pratt & Albemarle St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Unknown

5a. If married, widowed, or divorced
HUSBAND of Unknown
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place PUBLIC CEMETERY Date JAN 25 1937

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

FILED JAN 25 1937 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/27 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gas (Carbon Monoxide Poisoning	
Suicide	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 12/27 1936

Where did injury occur? Bath Rm (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in a public place Pratt & Albemarle Sts

Manner of injury Turned on gas

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] B. Gallagher M. D. Coroner

(Address) 1031 St Paul St

M. D. R. 1268-9

F 31576

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31576

93-C

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore Md

CITY OF BALTIMORE: (No. 2016 Linden Ave St., 14-1 Ward)

Length of residence in city or town where death occurred 88 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Bibleheiser

(a) Residence: No. 2016 Linden Ave St., Ward. Baltimore, Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Bibleheiser

6. DATE OF BIRTH (month, day, year) May 10th 1848

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
88	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber 0059

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 12-24

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

13. NAME Unknown

FATHER

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Margaret Auerbach

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ella Smith (Daughter)
(Address) 2016 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemetery Date Jan 26th 1937

19. UNDERTAKER Chas E. Chandler
(Address) 1710 Eutaw Pl

20. FILED ..., 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

N 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 23rd 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 21st 1937 to Jan 23rd 1937

I last saw him alive on Jan 21st 1937. Death is said to have occurred on the date stated above, at 3:00 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	1-20-37
Myocarditis - Cardiac Decompensation	1936.
Arteriosclerosis	

Other contributory causes of importance:

Name of operation no Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Laurence L. Rowe, M. D.

(Address) 1938 Linden Ave.

31577 St. Mark

HEALTH DEPARTMENT—CITY OF BALTIMORE

31577

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Temple Court Aparts St. Guilford Ave. & 24th St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Harrison Davis

If U. S. Veteran specify WAR

(a) Residence: No. Temple Court Aparts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. L.Wilson Davis

6. DATE OF BIRTH (month, day, year) May 18, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Goshen Md.

FATHER

13. NAME Frances M. Griffith

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Dickerson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Dr. L.W.Davis

(Address) Temple Court Aparts.

18. BURIAL, CREMATION, OR REMOVAL

Place Beallsville Md. Date Jany 27, 1937

19. UNDERTAKER George J. Smith

(Address) 1900 Eutaw Place

20. FILED 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 24.1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1937 to Jan 24 1937

I last saw her alive on Jan 24 1937 Death is said to have occurred on the date stated above, at 7.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Chr Myocarditis	
2 Chr Asthmatic Bronchitis	
3 As Respiratory Infection	
4 Bronchio Pneumonia	

Other contributory causes of importance:

As Cardiac Dilitation

Terminal

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. H. Tomblin, M. D.

(Address) 817 Park Ave.

JU 1937

F 31578

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31578

CERTIFICATE OF DEATH

124-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Apts. St. 12-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Effie Shaffer Clark

If U. S. Veteran specify WAR .....

(a) Residence: No. Hopkins Apts. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Roland B. Clark

6. DATE OF BIRTH (month, day, year) May 13, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00.5

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER

13. NAME Richard M. Shaffer

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Sarah A. Roth

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Homer B. Shaffer

(Address) 308 Cedar Croft Road

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemy. Date 1/27/37 19

19. UNDERTAKER John O. Mitchell Sons

(Address) 1900 Eutaw Place

20. FILED ..... 19 ..... Registrar.

N 25 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 30, 1936 to January 25, 1937

I last saw her alive on January 24 19 37 Death is said to have occurred on the date stated above, at 12 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1-24-37
Hypertension	4 years

Other contributory causes of importance:

Cirrhosis of Liver	10 yrs.

Was an operation performed? Yes Date of Dec-9 1936

For what disease or injury? Exploratory abdominal

Name of operation for gall bladder dis. Recovered

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel McLanahan M. D.

(Address) 108 East 33rd St.

OCCUPATION is very important. See instructions on back of certificate.

F 31579

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31579

CERTIFICATE OF DEATH

54

Registered No. .....

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Sts. 20-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME J. Carl Lohr

(a) Residence: No. 145 E. Monastery Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie C. John

6. DATE OF BIRTH (month, day, year) April 15-1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Confectioner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2019

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William John

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Anna Rost

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs Hattie C. John

(Address) 145 E. Monastery Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cemetery Date Jan. 26 1937

19. UNDERTAKER George L. Hofmann

(Address) 2201 Frederick Ave.

FILED JAN 25 1937 By [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-23 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-3 1936 to 1-23 1937

I last saw him alive on 1-23 1937 Death is said to have occurred on the date stated above, at 4 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Failure	1-23-37
Extreme Emaciation	1936
Diabetes Mellitus	1924
Other contributory causes of importance:	
Diarrhea	1932
Carbuncles	Jan. 37

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis J. Llewellyn M. D.

(Address) St. Agnes Hospital

31580

F 31580

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 16 hours ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Baby girl Tyre

(a) Residence: No. [illegible] St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 19, 1937, 1" PM

7. AGE	Years	Months	Days	If LESS than 1 day, 10 hrs. or 19 min.
		0		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME William Tyre

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Virginia Briscoe

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Virginia Tyre (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date JAN 25 1937, 19

19. UNDERTAKER

(Address)

Filed JAN 25 1937, 19

Commissioner of Health

Per M. A. Moore

Registrar.

2929 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1" PM 1/19/37, 19 to 11 PM 1/19/37, 19

I last saw her alive on 1/19/37, 19 Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Congenital atelectasis	
Other contributory causes of importance	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George H. Davis M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

✓ F 31581

31581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 N Dris Ave St. 16-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Henry Ray

If U.S. Veteran specify WAR ....

(a) Residence: No. 918 N Dris Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie Lee Ray

6. DATE OF BIRTH (month, day, year) Nov 17-1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Walter H. Ray

(Address) 918 N Dris Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mountain View Date Jan 26 1937

19. UNDERTAKER John Leech

(Address) 2018 Eutaw St

20. EMBALMED Huntington Williams M.D.

N 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1937, to Jan 23, 1937

I last saw him alive on Jan 23 1937. Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
coronary occlusion	1/23/37
arteriosclerosis - arterial hypertension	6 yrs.
Other contributory causes of importance:	
emphysema & chr. Bronchitis	5 yrs.

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis Phy. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19 ....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis F. Krumrein M. D.

(Address) 722 No. Kenwood Ave

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250M

31582 ✓ F 31582

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1923 Jefferson St. 6-E Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sophia Yeager

(a) Residence: No. 1923 Jefferson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Yeager

6. DATE OF BIRTH (month, day, year) Jan 15 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME John Yeager

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT John Yeager
(Address) 1923 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 26 1937

19. UNDERTAKER John Wilmot
(Address) 2008 Orleans St

FILED JAN 25 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1936, to Jan 22, 1937

I last saw her alive on Jan 22, 1937 death is said to have occurred on the date stated above, at 10:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	1936
Chronic myocarditis	1936

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Milton L. Solomon, M. D.

(Address) 14 S. Bway

OCCUPATION is very important. See instructions on back of certificate.

31583 ✓ F 31583

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 238 Rock St. 18-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 5 mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lottie Purnell Shorter

If U. S. Veteran specify WAR .....

(a) Residence: No. 238 Rock St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of John Shorter

6. DATE OF BIRTH (month, day, year) Aug 12 - 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hand Laundry -

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Robert Purnell

14. BIRTHPLACE (city or town) Snow Hill (State or country) Md.

MOTHER

15. MAIDEN NAME Jane Eddins

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Dora Bailey (niece)

(Address) 1127 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Jan 26, 1937

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

25 1937 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 23. 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1936 to Jan 23, 1937

I last saw h~~er~~ alive on Jan 23, 1937 Death is said to have occurred on the date stated above, at 10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	1935
Other contributory causes of importance: Cerebral Hemorrage	Jan 19 - 1937

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Jane Brown M.D.

(Address) 1623 W. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

31584 F 31584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 19715

1. PLACE OF DEATH — Registered No. 14-345-82-a

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. Life 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Purvis — If U. S. Veteran specify WAR

(a) Residence: No. 1516 Druid Hill Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Lee (D) Purvis

6. DATE OF BIRTH (month, day, year) [redacted] 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
6[redacted]			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Benedict Dorsey

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mery ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place NATIONAL CEM. Date 1-26-37 19

19. UNDERTAKER R. C. RICHARDSON & CO. INC.
(Address) 1120 DRUID HILL AVE

20. FILED JAN 25 1937 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22-37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 12-24 . 1936 . to 1-22 . 1937

I last saw h[er] alive on 1-22 1937 Death is said to have occurred on the date stated above, at 7 30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-22-37
Other contributory causes of importance: Cerebral Hemorrhage	2 Days

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) John F. Rainey M. D.
(Address) Baltimore City Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 31585

31585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hospital Ward) 12-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Garfield Fanton

(a) Residence: No. Delta, Pa St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 3, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brunello. Pa.

FATHER

13. NAME Wm A Fantom

14. BIRTHPLACE (city or town) (State or country) unknown,

MOTHER

15. MAIDEN NAME Katherine C Wise

16. BIRTHPLACE (city or town) (State or country) La

17. INFORMANT (Address) John Fanton. Delta Pa

18. BURIAL, CREMATION, OR REMOVAL Place Stoltzfus Cem. Date Jan 28 1937

19. UNDERTAKER (Address) Hubert E Hopkins Delta Pa

N 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/25 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/15 1937 to 1/25 1937

I last saw him alive on 1/25 1937 Death is said to have occurred on the date stated above, at 10:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic with auricular fibrillation	
Other contributory causes of importance: Bronchial pneumonia	1/20/37
Thrombosis of rt. popliteal artery	1/14/37

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edwin B Jones M. D.

(Address) 1115 St. Paul St.

OCCUPATION is very important. See instructions on back of certificate.

31586 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31586

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2502 Aisquith St. 27-3 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Ina Griffith
(a) Residence: No. 2502 aisquith ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Separated
5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: James C. Griffith
6. DATE OF BIRTH (month, day, year): 5-22-1871
7. AGE — Years: 65 — Months: 8 — Days: 3 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Rome Co WVa

FATHER
13. NAME: Nathaniel Briggs
14. BIRTHPLACE (city or town) (State or country): W Va

MOTHER
15. MAIDEN NAME: Hankins
16. BIRTHPLACE (city or town) (State or country): Mason Co W Va

17. INFORMANT: Mrs J. Griffith
(Address) 2502 Aisquith

18. BURIAL, CREMATION, OR REMOVAL: Greenlawn Date 1/28/37
19. UNDERTAKER: Leonard Rauch
(Address) 3305 Hanford Rd

20. FILED JAN. 26 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-25-1937
22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1936 to Jan 21 1937
I last saw her alive on Jan 21 1937 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Duration
Carcinoma of uterus	1933

Other contributory causes of importance:

Was an operation performed? none Date of
For what disease or injury? none
Name of operation none
What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury none
Nature of injury none.

24. Was disease or injury in any way related to occupation of deceased? No
(Signed) L. K. Crosby M. D.
(Address) 3106 Hanford Rd.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 31587

F 31587 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1334 W. North Ave 3-3 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Campbell

(a) Residence: No. 1334 W. North Ave Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word): Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of: Charles Campbell

6. DATE OF BIRTH (month, day, year): April 25th 1877

7. AGE: Years 59 | Months 8 | Days 29 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Charles H. Conway

14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER

15. MAIDEN NAME: Mary Hiss

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Elizabeth H. Downs

(Address): 1334 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Jan 26th 1937

19. UNDERTAKER: Wm Cook

(Address): 1217 St Paul St

JAN 28 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 24th 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 1936 to Jan 24 1937.

I last saw her alive on Jan 22 1937. Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	1934

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? Xray + Path. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. W. Bellups, M. D.

(Address) 2224 W. North Ave

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B 1268-9

F 31588

F 31588 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1333 Ward St. 21-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Josephine Welker,

(a) Residence: No. 1333 Ward St. St., ... Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~Husband~~ (or) WIFE of Chas. F. Welker

6. DATE OF BIRTH (month, day, year) Dec 23rd 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67.	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Joseph. Volk.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. ~~Mrs.~~ Mary Dr. Sagers

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Augusta Klinghmeyer

(Address) 6340 S. Kimwood Lane

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 27 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/24/37 19

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19... and last saw her alive on 1/24/37 Death is said to have occurred on the date stated above at 11:9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/19/37
Other contributory causes of importance Arteriosclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, how?

(Signed) Howard Dorsey M. D.

1 Bway Medical Bldg

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

3

N 25 1937

M. D. B. 1268-9

31589 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 31589

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 N. Baltimore St., 19-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fulton F. Swansberg

(a) Residence: No. 1714 N Baltimore St., Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Wht	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma F Swansberg

6. DATE OF BIRTH (month, day, year) May 19 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U S Govt

10. Date deceased last worked at this occupation (month and year) Aug 1920

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Fulton Swansberg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Jennings

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mary B Swansberg

(Address) 1714 N Baltimore St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 1/27 1937

19. UNDERTAKER Fulton Eng Co

(Address) 1312 E Lombard St

FILED JAN 25 1937 H. Eugene Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24 1937

22. I HEREBY CERTIFY, That I attended deceased from June 23rd 1936 to Jan 24 1937

I last saw him alive on Jan 23rd 1937 Death is said to have occurred on the date stated above, at 5:20 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	1/23/37
Chr. Myocarditis	1920
Chr Endocarditis	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. B. Turner Hospital, M. D.

(Address) 1901 Eutaw Pl

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

F 31590

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31590

CERTIFICATE OF DEATH

✓ 168

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 McCabe St. 27-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Arthur Rollin Bevans

U.S. Veteran (Specify WAR) No Record

(a) Residence: No. 602 McCabe Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Wht

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced — HUSBAND of (or) WIFE of: Rhoda M. Bevans

6. DATE OF BIRTH (month, day, year): July 1st 1892

7. AGE: Years 44 | Months 6 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Asst. Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Steel

10. Date deceased last worked at this occupation (month, year): Jan (33)

11. Total time (years) spent in this occupation: 28

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Elmer R Bevans

14. BIRTHPLACE (city or town) (State or country): Joppa Md

MOTHER

15. MAIDEN NAME: Mary Carter

16. BIRTHPLACE (city or town) (State or country): Norwich Conn

17. INFORMANT: Rhoda Bevans

(Address) 602 McCabe Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorden Pk Date Jan 26 37

19. UNDERTAKER: Wm Gogle

(Address) 624 St Paul St.

20. FILED JAN 26 1937 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 24 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18 1937 to Jan 24 1937

I last saw him alive on Jan. 24 1937. Death is said to have occurred on the date stated above, at 11 45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Double Lobar Pneumonia	Jan. 20

Other contributory causes of importance:

Hypertension

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Carl F Bevans M. D.

(Address) 5111 York Rd

SEE INSTRUCTIONS ON BACK OF CERTIFICATE. INFORMATION IS VERY IMPORTANT.

F 31591

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31591

CERTIFICATE OF DEATH.

+107-W

1-PLACE OF DEATH Franklin Square Hospital 19-W

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... ST ..... WARD)

2-FULL NAME Thomas Ellingsen

(a) RESIDENCE NO. 107 Fuller Ave ST., Belair Rd WARD No War Record
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 15th 1936

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Dead
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Edward Hans Ellingsen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Brooklyn N.Y.

12 MAIDEN NAME OF MOTHER Rosa M. Battaglia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Edward H. Ellingsen
(Address) 107 Fuller Ave

15 Filed ..... 19 ..... Registrar

FEB 26 1937

MEDICAL CERTIFICATE OF DEATH X

16 DATE OF DEATH (month, day, and year) 1/24/37

17
I HEREBY CERTIFY, That I attended deceased from 1/16/, 1937, to 1/24/, 1937
That I last saw h[illegible] alive on 1/24/, 1937
and that death occurred, on the date stated above, at 10.45 p m.

The CAUSE OF DEATH* was as follows:
Bilateral Bronchopneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY —
(Secondary)
(duration) yrs. mos ds.

18 Where was disease contracted if not at place of death? Home.
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?

(Signed) D. J. Battaglia M. D.
, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL 1/27 1937

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

F 31592

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31592

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2933 Hudson St., 1-1 Ward)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mon. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rose M Hanson

(a) Residence: No. 2933 Hudson St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Harry V. Hanson

6. DATE OF BIRTH (month, day, year) June 3-1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) ~~Baltimore Md~~ Ireland

FATHER

13. NAME Peter Hagan

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Mary C. McKenna

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Miss Catherine Hagan

(Address) 2933 Hudson St

18. BURIAL, CREMATION, OR REMOVAL

Place Jew Cathedral Date 1/26, 1937

19. UNDERTAKER J. A. Moran & E. R. Aitcheson

(Address) .....

20. FILED ..... 19 ..... Registrar.

JAN 26 1937 Huntington, Maryland

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1936, to Jan 24, 1937

I last saw her alive on Jan 24, 1937. Death is said to have occurred on the date stated above, at 2.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Chronic Nephritis	one year
b	
c	
d	

Other contributory causes of importance:

Cerebral Hemorrhage two days

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Horace B. Willson M. D.

(Address) 315 S. Hughlett St

OCCUPATION is very important. See instructions on back of certificate.

VS 3

31593 F 31593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

17-5 ✓ 107-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 N. Eutaw Street St., 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ALBERTA DOWNEY

If U.S. Veteran specify WAR ....

(a) Residence: No. 614 N. Eutaw Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) July 18, 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) "

11. Total time (years) spent in this occupation "

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

FATHER

13. NAME John Downey

14. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

MOTHER

15. MAIDEN NAME Susanna Larchine

16. BIRTHPLACE (city or town) (State or country) Carroll County Maryland

17. INFORMANT Mr. Robert Downey
(Address) 614 N. Eutaw St.

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount, Date Jan 26, 37

19. UNDERTAKER J. C. Wilhelm & Son
(Address) 1300 Eutaw Place.

20. FILED JAN 26 1937 19 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-21 . 1937 to 1-23 . 1937

I last saw her alive on 1-23 . 1937 Death is said to have occurred on the date stated above, at 8:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Bronchopneumonia	1-21-37
Other contributory causes of importance: Generalized Arteriosclerosis	

Was an operation performed? No Date of ....

For what disease or injury? —

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Morris B. Schaitberger, M. D.

(Address) 54 S. Fulton Ave.

F 31594

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31594

CERTIFICATE OF DEATH

17463 98

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 20-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? 49 yrs. mos. ds.

2. FULL NAME Frantz Webber (Weber

If U. S. Veteran specify WAR

(a) Residence: No. 2505 Hollins St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fredericka Webber

6. DATE OF BIRTH (month, day, year): 6-27-1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Marble Polisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hulgastine Marble Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany Tauberpisher

FATHER

13. NAME: Kaswas Weber

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Caroline Reichert

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Western Cem. Date: Mar 26 1937

19. UNDERTAKER: F. B. Wehrheit & Son

(Address): 1324 Eastern Place.

20. FILED ..... 19..... Registrar.

MAR 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-23-1937

22. I HEREBY CERTIFY, That I attended deceased from 9-26 1936 to 1-23 1937

I last saw h.. alive on 1-23 1937 Death is said to have occurred on the date stated above, at 11 25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	3 days
Other contributory causes of importance: Arteriosclerotic Gangrene of foot	Several mos.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 31595

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31595

107-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 15-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Mc Dermott

If U.S. Veteran specify WAR .....

(a) Residence: No. 2108 Herbert st St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 28 - 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Mc Dermott

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Luetta C. Fee

16. BIRTHPLACE (city or town) (State or country) Bolton Maryland

17. INFORMANT Mrs. Luetta C. [redacted] Fee

(Address) 2108 Herbert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Jan 28 19 37

19. UNDERTAKER F. R. Shipley & Son

(Address) 3058 Eastern Ave

20. FILED ..... 19 ..... Registrar

JAN 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1937 to Jan 25 1937

I last saw h[redacted] alive on Jan 25 1937 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Bronchopneumonia	1/17/37
	OVW
Other contributory causes of importance:	
Left Empyema	1/25/37

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Roland E. Brien M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

F 31596

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31596

66-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-W Ward) X

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George S. Moore (Moore)

If U.S. Veteran specify WAR .....

(a) Residence: No. Ridge & Woodside Ave Halethorpe Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie T. Moore

6. DATE OF BIRTH (month, day, year) Oct 25 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	3	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Chairman B. & O. Union

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto & Ohio R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

13. NAME George Wesley Moore

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Emmie Abbott

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Sadie T. Moore

(Address) Ridge & Woodside Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 28-1937

19. UNDERTAKER J. B. Tilbert & Son

(Address) 630 Eutaw Place

20. FILED ..... 19 .....

N 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-25-1937

22. I HEREBY CERTIFY, That I attended deceased from 12-22-1936 to 1-25-1937

I last saw h. alive on 1-25-1937. Death is said to have occurred on the date stated above, at 3:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lipoid adenoma of thyroid	1934
Arterio-sclerotic Heart disease	
& chronic fibrositis.	
Other contributory causes of importance:	1-25-37 3:20 A.M.
Cerebral embolism	

Was an operation performed? yes Date of 1-22-37

For what disease or injury? Lipoid adenoma of thyroid

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward R. Collier, M. D.

(Address) University Hospital.

OCCUPATION is very important. See instructions on back of certificate.

F 31597 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31597

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. Registered No. 193

CITY OF BALTIMORE: (No. Life St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edwin F. Smith

(a) Residence: No. 1327 W. Pratt St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Harris Smith

6. DATE OF BIRTH (month, day, year) December 22, 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Oil Co.

10. Date deceased last worked at this occupation (month and year) 1-26-36

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Ferdinand Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Elizabeth Humphrey

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Interred Date 1/26/37

19. UNDERTAKER Henry H. Leitch
(Address) 4101 Edmondson Ave

1-25-1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 9, 1937 to January 23, 1937

I last saw him alive on January 23, 1937. Death is said to have occurred on the date stated above, at 5:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, left lung	1-13-37
Nephritis, chronic, interstitial (Nephrosclerosis, severe)	Feb, 36

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) R K Bryant M. D.

(Address) U.S. Marine Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 31598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 31598

1. PLACE OF DEATH Md. Gen'l. Hosp. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 16-7 Ward

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nicholas G. Wernsdorfer If U. S. Veteran specify WAR .....

(a) Residence: No. 3008 Baker St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith May Wernsdorfer

6. DATE OF BIRTH (month, day, year) Oct 19 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shift Mantenance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Transit Co

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME John Wernsdorfer

14. BIRTHPLACE (city or town) (State or country) Germany

FATHER

15. MAIDEN NAME Dorothy Starke

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edith May Wernsdorfer

(Address) 3008 Baker St

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery Date Jan 27 1937

19. UNDERTAKER Chas. G. Black

(Address) 742 W. North Ave

20. FILED Jan 26 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-12 1937, to 1-24 1937

I last saw him alive on 1-24 1937 Death is said to have occurred on the date stated above, at 7.45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis	
Other contributory causes of importance: Uraemia	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. L. Ewald M. D.

(Address) Md. Gen'l. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 31599

31599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 Port St., 8-3 Ward)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry Elijah Mills

(a) Residence: No. 1125 Port St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Mills

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Md

10. Date deceased last worked at this occupation (month and year) 1-20 1937

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Halifax N.S.

FATHER

13. NAME Jacob Mills

14. BIRTHPLACE (city or town) (State or country) N.S.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sarah E. Mills (Address) 1125 Port St

18. BURIAL, CREMATION, OR REMOVAL Place Arbutus Memorial Park Date 1-27th 1937

19. UNDERTAKER Byron & Dennis E. Wright (Address) 2317 McElderry St.

Filed ... 19... Registrar ...

JA 26 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1937 to Jan 24 1937

I last saw him alive on Jan 22 1937 Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Jan 21 1937
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo. S. Allen M. D.

(Address) 507 Linwood St

Spec—9-30—A-Co.—250 Blks

F 31600

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

2-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 184 E. Lombard St. ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Joseph Daniel Koszalka

(a) RESIDENCE NO. 184 E. Lombard St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec. 3, 1910

7 AGE: Years 27 Months Days 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: machinist

(b) General nature of Industry, business, or establishment in which employed (or employer): Curtain 603

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balt Md

PARENTS

10 NAME OF FATHER: Walter Koszalka

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Bertha Brandauer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Walter Koszalka (Address) 184 E Lombard St

15 [illegible] Registrar

JAN 26 1937

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 25/37

17

I HEREBY CERTIFY, That I attended deceased from Jan 10, 19 37, to Jan 25, 19 37

that I last saw h[illegible] alive on Jan 25 9.00 a 19 37

and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia right

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Buda M.D. M. D.

1937 (Address) 2214 E Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary — DATE OF BURIAL: Jan 28 1937

20 UNDERTAKER: Fred W Gazewski — ADDRESS: 1930 Eastern Ave

1. Spell out full name. 2. If not in hospital or institution, give residence. 3. Fill in and underline word which describes deceased. 4. Write word "None" where applicable. 5. Do not use abbreviations. 6. Be sure that all items are properly answered. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31601 HEALTH DEPARTMENT—CITY OF BALTIMORE 31601

CERTIFICATE OF DEATH XV 46-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Good Shepherd Hosp. St., (Ward) 5-1

Length of residence in city or town where death occurred 1 yrs. ..... mos. 19 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Irvin Bradford

(a) Residence: No. Towson Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Dora Bradford

6. DATE OF BIRTH (month, day, year) Feb. 2, 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~Farm~~ odd

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md

FATHER

13. NAME Jacob Bradford

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

MOTHER

15. MAIDEN NAME Mary Barnes

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md

17. INFORMANT Dora Bradford (Address) Towson, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Fairview Cemetery Date Jan 26 1937

Harford Co. Md.

19. UNDERTAKER Archibald G. Luddis (Address) 2101 McCulloh St.

FILED JAN 26 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1937 to Jan 24, 1937

I last saw him alive on Jan 23, 1937 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of colon probably 3 or 4 mos duration. — Date of onset [illegible]

Other contributory causes of importance: Gastro enteritis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Wallis Sherrington M. D.

(Address) 1606 Pennsylvania Ave

E. Wallis Sherrington.

OCCUPATION is very important. See instructions on back of certificate.

0465

F 31602

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓108 F 31602

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stella Brown NEE Bolton

If U. S. Veteran specify WAR

(a) Residence: No. 810 Pierce St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Richard (Dead)

6. DATE OF BIRTH (month, day, year) 1-18-1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Robert Hodgers

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Bolton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date Jan 27, 1937

19. UNDERTAKER Roy O Wilson

(Address) 1000 Brantley Ave

20. FILED ..., 19... Registrar.

Wilson, Md

JAN 26 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-21, 1937 to 1-24, 1937

I last saw her alive on 1-24, 1937 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3 days
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospitals

31603
32409

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31603

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 3-1 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Allen

If U.S. Veteran specify WAR .....

(a) Residence: No. 1422 Bank St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	-

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -

6. DATE OF BIRTH (month, day, year) 1-28-36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. -

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William allen

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Flossie Harris

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date Jan 26, 1937

19. UNDERTAKER Elroy Gladden

(Address) 1000 Brantleyane

20. FILED ..... 19 .....

Registrar.

N 28 1937 Huntington Williams, MD

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN - 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from JAN - 18, 1937, to JAN 24, 1937

I last saw her alive on JAN 24, 1937. Death is said to have occurred on the date stated above, at 1.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia about Jan 5	
Mass primary.	
Other contributory causes of importance:	
Tuberculosis	over

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Lydia B Edwards, M. D.

(Address) Johns Hopkins Hospital

F 31604

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31604

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 16-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 5 mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rufus Brooks Rufus Littlefield Brooks

(a) Residence: No. 826 N Bentalou St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie G. Brooks

6. DATE OF BIRTH (month, day, year) August 20 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Time Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ellicott Machine Corp.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

FATHER

13. NAME Robert P. Brooks

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Maria Littlefield

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Annie G. Brooks

(Address) 826 N. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge. Date Jan. 26, 37

19. UNDERTAKER Wm. J. Tiefner & Son

(Address) North & Pa Ave

26 1937 19 Registr... Huntington, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24 37, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-23 37, 19..., to 1-24 37, 19...

I last saw h... alive on 1-24-37, 19... Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus pneumonia type undetermined	1-17-37

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Fred J. Lewis, M. D.

(Address) Sinai Hospital

INSTRUCTION is very important. See instructions on back of certificate.

F 31605

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31605

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 238 N. Wilson St., 14-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alice M. Wicks

(a) Residence: No. 238 N. Wilson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert B. Wicks

6. DATE OF BIRTH (month, day, year) April 12 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Green

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rachel Scott

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT George Wicks

(Address) 2319 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Chester Md Date Jan 27 1937

19. UNDERTAKER Thomas E. Nelson

(Address) 1303 Brentmoor St

20. FILED JAN 26 1937 Lexington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

37

21. DATE OF DEATH (month, day, year) Jan 24 1937

22. I HEREBY CERTIFY, That I attended deceased from February 10, 1936 to January 24, 1937

I last saw her alive on January 24, 1937 Death is said to have occurred on the date stated above, at 12 35 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/14/37

Other contributory causes of importance: Cardiovascular Renal Disease

Was an operation performed? No Date of —

For what disease or injury? .....

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Dr. J. B. Huggins M. D.

(Address) 2243 Madison Ave

OCCUPATION is very important. See instructions on back of certificate.

Gibson

31606

HEALTH DEPARTMENT—CITY OF BALTIMORE

31606

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1509 Myrtle Ave. 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie S Gibson

(a) Residence: No. 1509 Myrtle Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Louis Gibson

6. DATE OF BIRTH (month, day, year) June 23-1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME David Stafford

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Miller

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Louis Gibson

(Address) 1509 Myrtle Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1/28 37

19. UNDERTAKER Thomas C. Kelson

(Address) 1205 Pennsylvania Ave

20. FILED JAN 26 1937 Registrar Wellington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1936 to Jan 25 1937

I last saw h alive on Jan 25 1937. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia	Dec 10
Phthisis	37
Other contributory causes of importance:	

Was an operation performed? None Date of

For what disease or injury?

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George S. Allen M. D.

(Address) 509 Cresquthsat

M. D. B. 12000

31607

F 31607

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2565 McCulloh St., 13-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Georgiana Price

(a) Residence: No. 2565 McCulloh St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilbur Price

6. DATE OF BIRTH (month, day, year) Aug 8, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) St Marys Co Md

FATHER

13. NAME George Summerville

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Martha ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Sarah Smith

(Address) 2565 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peters Date 1/27, 1937

19. UNDERTAKER Thomas E. Nelson & Son

(Address) 1303 Pressteman St.

20. FILED JAN 28 1937 Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1936, to Jan 25, 1937

I last saw her alive on Jan 24, 1937. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	5/14/32
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. William Fiery M. D.

(Address) 1926 Penna Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A. 3

31608
M. D. B. 1268-9

F 31608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH In front of
CITY OF BALTIMORE: (No. 1130 Riverside Ave. St. 24-3 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 11 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ferdinand Hasselberger. If U. S. Veteran specify WAR

(a) Residence: No. 402 Folsom St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Catherine Hasselberger.

6. DATE OF BIRTH (month, day, year) February 21/1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Sigmund Hasselberger.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Schreck.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Catherine Hasselberger. (wife)
(Address) 402 Folsom St.

18. BURIAL, CREMATION, OR REMOVAL Holy Cross A & B Date Jan. 27 1937

19. UNDERTAKER Bernard C Hoke
(Address) 121 E Mead St

20. FILED JAN 26 1937 19 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 24, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M Reinhardt M. D.
1/25/37 (Address) 1017 S. Charles St. Coroner

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31609 F 31609

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH Bon Secours Hosp (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto Md. St. 14-2 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James A. Hild. If U.S. Veteran specify WAR

(a) Residence: No. 1523 Pennsylvania Ave Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Mrs. Emma Hild

6. DATE OF BIRTH (month, day, year) June 1 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Excelsior Brick Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Conrad Hild.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Oestrich

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Emma Hild

(Address) 1523 Pennsylvania Ave

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cemetery Date Jan. 27 19 37

19. UNDERTAKER Henry Houck Sons, Inc

(Address) 101 E Fayette St Huntington Williams, N.Y.

JAN 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/24 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/10 1937 to 1/24 1937

I last saw him alive on 1/24 1937 Death is said to have occurred on the date stated above, at 8.55 PM.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Arteriosclerotic Heart Disease	1/1/36
Auricular Fibrillation	1/1/36
Coronary Thrombosis	1/24/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Simon L Kemp M. D.

(Address) Bon Secours Hosp

OCCUPATION is very important. See instructions on back of certificate.

Burwell

F 31610 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

82-d F 31610

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 Division St., 14 Ward)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Priscilla Burwell — If U. S. Veteran specify WAR .....

(a) Residence: No. 1620 Division St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): June 1867

7. AGE: Years 69 | Months 7 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 6021

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Calvert Co. Md.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Daisy Thompson

(Address) 1620 Division St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 1-26 1931

19. UNDERTAKER: Bernard P. Hensley

(Address) 218 Druid Hill Ave

20. Filed JAN 26 1931 Huntington Wolfhagen M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/24 1931

22. I HEREBY CERTIFY, That I attended deceased from 1/16 1931 to ..... 19.....

I last saw her alive on 1/23 1931 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset .....

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm Kelly M. D.

(Address) Dept. Pub. Health

OCCUPATION is very important. See instructions on back of certificate.

F 31611

F 31611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23-1 94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital

Length of residence in city or town where death occurred 43 yrs. 2 mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph J. Stevens.

(a) Residence: No. 1030 S. Charles St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If ~~married, widowed~~ or divorced HUSBAND of ~~XXXXXXXX~~ Maude Stevens.

6. DATE OF BIRTH (month, day, year) November 8, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor. 207

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME John C. Stevens.

14. BIRTHPLACE (city or town) (State or country) Philadelphia, Pa

MOTHER

15. MAIDEN NAME Catherine Lawes.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Charles L. Stevens, (brother)

(Address) 1501 E. Fort Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place (National) Date Jan 28 19 37

19. UNDERTAKER Chas F. Hill

(Address) 3217 Stafford St

JAN 26 1937 Huntingdon Avenue, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 25, 1937 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Oedema.	
Coronary Thrombosis.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto M. Reinhardt M. D. Coroner

1/25/37 (Address) 1017 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

F 31612

F 31612 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

148

1. PLACE OF DEATH St Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton Ave St., 12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dorothy Stumpf

If U.S. Veteran specify WAR .....

(a) Residence: No. 4203 Euclid Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph G. J. Stumpf

6. DATE OF BIRTH (month, day, year) June 25-1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	6	30 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1937

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John T. Elias

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Coote

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Joseph G. J. Stumpf

(Address) 4203 Euclid Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date Jan 27, 1937

19. UNDERTAKER George W. Sickles

(Address) 1737 E. Eager St.

20. FILED JAN 26 1937 Livingston Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1937 to Jan. 24, 1937

I last saw h.. alive on Jan 24, 1937 Death is said to have occurred on the date stated above, at 4 00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	1-24-37
Pregnancy — Postpartum	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Lawrence J. Shimanek, M. D.

(Address) St. Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

31613

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31613

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH South Baltimore General Hospital

CITY OF BALTIMORE: (No.) St., 10-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Catherine Hentrich

(a) Residence: No. 225 S. East Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adam Hentrich

6. DATE OF BIRTH (month, day, year) Dec 5- 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Buchanen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Lentz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Rose C. Morton

(Address) 225 S. East ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Jan. 28. 1937

19. UNDERTAKER George W. Zibler

(Address) 1737 E. Eager St.

20. FILED 19

(Registrar)

JAN 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/18, 1937, to 1/25, 1937

I last saw h.C.r. alive on 1/25, 1937. Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Sigmoid	2
Generalized Peritonitis	1/20/37
Other contributory causes of importance:	
Arteriosclerotic Cardiovascular Dis.	2

Was an operation performed? Yes - 2 Date of (a) 1/18/37 (b) 1/22/37

For what disease or injury? Carcinoma of Sigmoid - intest. obstr.

Name of operation (a) Exploratory Resection of Sigmoid, (b) Colostomy Date of (a) 1/18/37 (b) 1/22/37

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Louis J. Kroll, M. D.

(Address) South Baltimore General Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 31614 ✓ F 31614

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH St. Joseph Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 7-5 ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 60 yrs. ..... mos. ..... ds.

2. FULL NAME Ignatius H. King

(a) Residence: No. 535 N. Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) Sept 9 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME John King

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Beck

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joseph King
(Address) 535 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 29, 1937

19. UNDERTAKER Mark H. Eg. Duggan
(Address) 37 S. Eutaw St

20. FILED JAN 26 1937 Harrington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-24-37, 1937 to 1-25, 1937

I last saw him alive on 1-25, 1937 Death is said to have occurred on the date stated above, at 11:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated femoral hernia	1-19-37
Generalized peritonitis	

Other contributory causes of importance:

Was an operation performed? Yes Date of 1-24-37

For what disease or injury? Strangulated femoral hernia

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Frank B. Stephens M. D.

(Address) St. Joseph's Hospital

2365-7

31615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 31615

46-B

Registered No.

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 5-1 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Robinson

If U.S. Veteran specify WAR

(a) Residence: No. 3 S. N. Carolina St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/4/89

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Chas. Robinson

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Lydia Garrett

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records.

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Jan 27 1937

19. UNDERTAKER Robert T. Williams

(Address) 1515 Mt Elroy St

Date 26 1937 Huntington Williams, Md

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1936 to Jan 22, 1937

I last saw him alive on Jan 22, 1937. Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	July 1936
Other contributory causes of importance:	
Bronchopneumonia	4 days ago

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Palmer H. Fantus, M. D.

(Address) Johns Hopkins Hosp.

F 31616

HEALTH DEPARTMENT—CITY OF BALTIMORE #20517

F 31616

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 3-1 Ward) 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME James Crawley

(a) Residence: No. 249 S. Spring St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura (d)

6. DATE OF BIRTH (month, day, year) 3/10/1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Alfred

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Agnes London

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date Jan 28 1937

19. UNDERTAKER Robt. H. Williams & Sons Inc.
(Address) 1515 Pennsylvania Ave

20. FILED ... 1937 Registrar

JAN 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-25- 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-22 1937 to 1-25- 1937

I last saw h[e] alive on 1-25- 1937 Death is said to have occurred on the date stated above, at 11 45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	2 wks
Other contributory causes of importance: Hypertensive Cardio-Vascular Disease	2 wks

Was an operation performed? NW Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NW If so, specify

(Signed) John L. Rayner M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31617

CERTIFICATE OF DEATH

107-a

F 31617

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 Durst St. 24-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joan L. Reed

(a) Residence: No. 1209 Durst St., Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, ~~Married, Widowed, or Divorced~~ (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): July 22nd 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Thomas R. Reed

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Eva Tyson

16. BIRTHPLACE (city or town) (State or country): Mass

17. INFORMANT (Address): Eva Reed, 1209 Durst St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 1/26 1937

19. UNDERTAKER: J. McCorkle

(Address): 1209 Durst St

20. FILED: Huntington Williams, M.D.

Registrar.

JAN 26 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 25th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1937 to Jan 25 1937

I last saw her alive on Jan 25 1937. Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5 days
(over)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. D. Wheble M. D.

(Address) 1229 Hillsdale

M. D. B 1268-9

Chopuis ✓ F 31618

F 31618 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Josephs Hospital 210-M

CITY OF BALTIMORE: (No. ..... St., 9-9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME René C. E. Chopuis

(a) Residence: No. 342-W-52 St N.Y.C St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha B. Chopuis

6. DATE OF BIRTH (month, day, year) Oct 13-1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Employed

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) France

FATHER

13. NAME Albert J. A. G. Chopuis

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Blanche Juliette Guillet (GUILLET)

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Maud Chardenet

(Address) 337-C-56 St N.Y.C.

18. BURIAL, CREMATION, OR REMOVAL

Place MtCavel Date 1-26-37

19. UNDERTAKER Mt Cavel

(Address) 1217 Eutaw St

Huntington Williams, M.D.
Registrar.

20. FILED JAN 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple lacerations + Contusion surface + Head	1-15-37

Other contributory causes of importance: Meningitis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 1-15 1937

Where did injury occur? Pulaski Hwy + Boundary - Baltimore Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Was trying to take a turn to + struck a truck

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Luke Keeley Jr. M. D.
Coroner

(Address) 911 N Charles

OCCUPATION is very important. See instructions on back of certificate.

v s 6

F 31619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-aF 31619

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 E. Oliver St. 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Burke

(a) Residence: No. 1005 E. Oliver St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced (HUSBAND of) (or) WIFE of John F. Burke

6. DATE OF BIRTH (month, day, year) 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME ? Kearney

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John F. Burke

(Address) 1005 E. Oliver St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 1-27 1937

19. UNDERTAKER Leonard J. Ryder

(Address) 5305 Harford Rd.

20. FILED 1-26 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/24/1937

22. I HEREBY CERTIFY, That I attended deceased from 12/3/1936 to 1/24/1937

I last saw her alive on 1/24/1937 Death is said to have occurred on the date stated above, at 10:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Myocardial Insufficiency	1/20/37
Cerebral Hemorrhage	12/3/36
Other contributory causes of importance:	
Arteriosclerosis	Years ago

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Thomas J. Kelly M. D.

(Address) 632 E. 22nd St.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31620

CERTIFICATE OF DEATH

108 F 31620

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ..... Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Vernon Mettee

If U.S. Veteran specify WAR .....

(a) Residence: No. 3214 Dudley Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Mettee

6. DATE OF BIRTH (month, day, year) April 26- 1908

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
28	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balt Md

FATHER

13. NAME Charles Mettee

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Helen Pfeffer

16. BIRTHPLACE (city or town) (State or country) Balt Md

17. INFORMANT Josephine Mettee
(Address) 3214 Dudley Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Maryland Date 1/28 1937

19. UNDERTAKER Leonard J. Koch
(Address) 5206 Harford Ave

1/26 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-25- 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-20-37 1937 to 1-25-37 1937

I last saw him alive on 1-25-37 1937. Death is said to have occurred on the date stated above, at 3:05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia, Right side Type I	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 1937

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) P. W. Spear, M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

✓ F 31621

31621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 W. Ostend St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Katherine L. Hoffman

(a) Residence: No. 111 W. Ostend St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White.

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: August C. Hoffman.

6. DATE OF BIRTH (month, day, year): March 29th 1862

7. AGE: Years 74 | Months 9 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: J. Geo. Frank

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Lisetta Wortman

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Miss Ofreida Hoffman
(Address) 111 W Ostend St.

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date 1-26. 1937

19. UNDERTAKER: Mrs Chas A. G. Rohde
(Address) 2327 Edmondson Ave.

26 1937 St. Eugene Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 23. 1937

22. I HEREBY CERTIFY, That I attended deceased from several years, 19..... to Jan 23 1937

I last saw h.. alive on Jan 22 1937 Death is said to have occurred on the date stated above, at 12 noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation Heart	Few minutes
Other contributory causes of importance: arterial Sclerosis	Several years

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. Estelle Evans, M. D.

(Address) 2945 St Paul St

M. D. B 1268-9

✓ F 31622

31622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James J. Fowler

(a) Residence: No. 1512 N. Broadway Apt. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ruth Fowler

6. DATE OF BIRTH (month, day, and year) April 9, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME James H. Fowler

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Agnes Winters

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs. Ruth Fowler
(Address) 1512 Broaway

18. BURIAL, CREMATION, OR REMOVAL
Place Linden Park Date Jan. 27 1937

19. UNDERTAKER Fred. A. Kraus & Son
(Address) 1214 N. Charles St

20 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25, 1937 Jan. 25 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to H.S death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. H. Williams M. D.
Coroner

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

F 31623 ✓ F 31623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 Lawrence St. 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rhoda Johnson.

If U. S. Veteran specify WAR

(a) Residence: No. 412 Lawrence St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herbert Johnson

6. DATE OF BIRTH (month, day, year) Feb 22-1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) Jan 18-1937

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Annapolis Md

FATHER

13. NAME William Addison

14. BIRTHPLACE (city or town) (State or country) Annapolis Md

MOTHER

15. MAIDEN NAME Eliza Randall

16. BIRTHPLACE (city or town) (State or country) Annapolis Md

17. INFORMANT William Addison

(Address) 701 Forrest Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 1-27-1937

19. UNDERTAKER George P. Gibson

(Address) 1735 Edmondson Ave

Registered JAN 26 1937 Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24 1937

22. I HEREBY CERTIFY, That I attended deceased from June 19 1937 to June 24 1937

I last saw h[illegible] alive on June 23 1937. Death is said to have occurred on the date stated above, at 2.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	June 19/37
Other contributory causes of importance:	
Influenza	June 13/37

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so specify

(Signed) Wm. N. Wright M. D.

(Address) 120 W Preston St

OCCUPATION is very important. See instructions on back of certificate.

20000

31624 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 31624

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sandy Moody

If U. S. Veteran specify WAR

(a) Residence: No. 721 W. Lanvale St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Celia

6. DATE OF BIRTH (month, day, year) 3-?-1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Margaret Lane

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date 1/27/37 19

19. UNDERTAKER Mrs. George H. Collard

(Address) 1628 Druid Hill Ave

20. FILED JAN 28 1937 Eugene Kilduff, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-4, 1937 to 1-25, 1937

I last saw him alive on 1-25, 1937 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Bronchopneumonia (Primary)	21 da
Other contributory causes of importance: Arteriosclerotic Heart Dis	5 mo

Was an operation performed? no Date of over

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John F Rainey M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-a

F 31625

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31625

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 Whitelock St. 13-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bessie Kent Emerson

(a) Residence: No. 1120 Whitelock St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene Joseph Emerson

6. DATE OF BIRTH (month, day, year) Sept 5 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	5 4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. The Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Jerome Kent

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Julia Lucas

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Grace Kent

(Address) 1120 Whitelock St

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington Memorial Date 1/31/37 19

19. UNDERTAKER Jos. Luke E. Holland

(Address) 4421 Bound Brook Ave

20. FILED JAN 26 1937 19 E. Livingston Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 17 1937, to January 24 1937

I last saw her alive on January 23, 1937 Death is said to have occurred on the date stated above, at 1-20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-18-37
Other contributory causes of importance:	
Heart complications	

Name of operation No operation Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Russell Fargo M. D.

(Address) 1937 N. Calvert St

OCCUPATION is very important. See instructions on back of certificate.

31626 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ F 31626

CERTIFICATE OF DEATH

53-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St., 15-5 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 4 mos. ds. How long in U. S. If of foreign birth? 6 yrs. mos. ds.

2. FULL NAME Solomon Fuld / Solomon Fuld (or) specify WAR

(a) Residence: No. 2613 Liberty Hts Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Fuld

6. DATE OF BIRTH (month, day, year) January 4, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chemical 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Joseph Fuld

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. J. Fuld

(Address) Lake Court Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Heb. Cem. Date Jan. 27 1937

19. UNDERTAKER Harold Goodheim & Son

(Address) 1907 Eutaw Place

26 1937

Lexington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1936, to Jan 25, 1937

I last saw h[im] alive on Jan 25, 1937. Death is said to have occurred on the date stated above, at 1:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/23/37
Myocardial failure	1/24/37

Other contributory causes of importance:

Was an operation performed? Yes Date of 1-11-37

For what disease or injury? Brain tumor

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert Abramson, M. D.

(Address) Sinai Hosp

F 31627

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31627

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1611 Faith Lane St., 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joshua Cloud

If U. S. Veteran specify WAR

(a) Residence: No. 1611 Faith Lane St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mattie Cloud.

6. DATE OF BIRTH (month, day, year) July 17 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Yard.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent at this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Solomon Cloud

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Rebecca —

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Mattie Cloud

(Address) 1611 Faith Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Jan. 27. 37

19. UNDERTAKER Robert L. Young

(Address) 1284 N. Caroline St.

20. FILED Jan 27 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24. 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/15 1937 to 1/24 1937

I last saw him alive on 1/23 1937 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1/15/37
Other contributory causes of importance:	
Chr. Interstitial Nephritis ?	?
Arterio-sclerosis	?

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Rayner Brown M. D.

(Address) 1500 E. Madison St

OCCUPATION is very important. See instructions on back of certificate.

VS

F 31628

31628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. 16-10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 429 N East Ave St., Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John J Brauer

(a) Residence: No. 429 N East Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna C. Brauer

6. DATE OF BIRTH (month, day, year) April 7th 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gardner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Henry Brauer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Rossner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Geo Brauer

(Address) 429 N East Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Jan. 18th 1937

19. UNDERTAKER Walter Sylvester

(Address) Alexandria Va.

Huntington Williams Co. Ltd.

JAN 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1937 to Jan 25 1937

I last saw him alive on Jan 25 1937 Death is said to have occurred on the date stated above, at 5.20 P m.

The principal cause of death and related causes of importance were as follows:

Chron. Valvular Heart trouble — Date of onset Sept 36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) William R Brauer M. D.

(Address) 89 S Eutaw St

31629 F 31629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X108

1. PLACE OF DEATH University Hospital Registered No.

CITY OF BALTIMORE: (No.) St. 4 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Parker If U.S. Veteran specify WAR

(a) Residence: No. Orchard Apt 108 Walbrook Ave St., Ward. Pikesville Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 11-95

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grave digger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Druid Ridge Cemetery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Virginia.

FATHER

13. NAME Isaac N. Parker

14. BIRTHPLACE (city or town) (State or country) W. Virginia

MOTHER

15. MAIDEN NAME Martha Sherman

16. BIRTHPLACE (city or town) (State or country) W. Virginia.

17. INFORMANT Stella V. Kaylor

(Address) Mt. Wilson Rd Pikesville.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 1/29 37

19. UNDERTAKER Frank H Newell

(Address) Pikesville Md.

26 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-25-37 19

22. I HEREBY CERTIFY, That I attended deceased from 1-22-37, 19 . to 1-25-37, 19

I last saw h alive on 1-25-37, 19 . Death is said to have occurred on the date stated above, at 7 00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	(1-20-37)
Left Streptococcic Empyema	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was Disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) W. S. Gilpatrick M. D.

(Address) Univ Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

0535

F 31630

CERTIFICATE OF DEATH

F 31630

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 18-2 Ward) 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Brooks, Eugene

If U. S. Veteran specify WAR .....

(a) Residence: No. 108 N. Schroeder St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Stevenson

6. DATE OF BIRTH (month, day, year) June 12/12/1896

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
40	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. worked around water front

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Navy Yard 074

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME George

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Sarah Snowden

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 1/29/37

19. UNDERTAKER Saml. W. Chase & Son (Address) 638 W. Fayette

1/26 1937 19 at Baltimore, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-25 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-23 1937 to 1-25 1937

I last saw him alive on 1-25 1937 Death is said to have occurred on the date stated above, at 3:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1 wk.

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Rainy M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1248-S

F 31631 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31631

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH Mercy Hospital — Registered No. 25-3
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna L Miles — U. S. Veteran specify WAR ...

(a) Residence: No. 448 Washington Blvd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John E Miles

6. DATE OF BIRTH (month, day, year) Sept 17 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME P C LeBoutillier

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna L Miller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Mary Cockrell
(Address) Reno Md

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Jan 27 1937

19. UNDERTAKER G. Dougal Evans
(Address) 4000 Old Frederick Rd

Filed JAN 26 1937 19 ... Registrar, No. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured liver	

Other contributory causes of importance: ...

Was an operation performed? Yes Date of 1-20-37

For what disease or injury? ...

Name of operation Laparotomy Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 1-23 37 Ho ...

Where did injury occur? Fell Way + Biddle Sts
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ... Street

Manner of injury Auto Collision with Car

Nature of injury Brain Injury

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Arthur Hurley Coroner, M. D.

(Address) 232 N Chapel St

OCCUPATION is very important. See instructions on back of certificate.

31632 Macknowicz ✓ F 31632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital St. 21-1 Ward)
Baltimore, Md.

Registered No. .....
(If death orrurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in rity or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 50 yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Macknowicz

If U.S. Veteran specify WAR World War

(a) Residence: No. 721 N. Barre St. - Balto., Md. St., ... Ward.
(Usual place of abode) (If non-resident give rity or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in whirh work was done, as silk mill, saw mill, bank, etc. Sometbom

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (rity or town) Dialakrevitz
(State or country) Russia

FATHER

13. NAME John Macknowicz

14. BIRTHPLACE (city or town) Dialakrevitz
(State or country) Russia

MOTHER

15. MAIDEN NAME Anne ?

16. BIRTBPLACE (city or town) Dialakrevitz
(State or country) Russia

17. INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Cemetery Date June 27, 1937

19. UNDERTAKER Chas. B. Kushaupka
(Address) 637. S Paca St

20. FILED JUN 26 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 22, 1937, to January 24, 1937

I last saw him alive on January 24, 1937. Death is said to have occurred on the date stated above, at 11:45 p.m.

The prinripal cause of death and related causes of importanre were as follows:

	Date of onset
Tuberculosis, pulmonary, miliary	Jan. 1936.

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify rity or town, county, and State)

Specify whether injury occurred in industry, in home, or in publir plare .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H K Bryant, M. D.

(Address) U.S. Marine Hospital
Baltimore, Md.

31633 F 31633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 926 Ridgely St. 21-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. 4 mos. 10 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Mary E. Reinhardt
If U. S. Veteran specify WAR

(a) Residence: No. 926 Ridgely St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced (or) WIFE of Conrad Reinhardt

6. DATE OF BIRTH (month, day, year) Sept. 15, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	83	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER
13. NAME Conrad Hoffman
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emma Reisinger
(Address) 926 Ridgely St

...BURIAL, CREMATION, OR REMOVAL Loh Park Cem. Md. Date 1/28/37

19. UNDERTAKER Geo H. Zeimbach
(Address) 528 N. Fremont St

Registered 1/25/37

JAN 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25. 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1936 to Jan. 25, 1937
I last saw her alive on Jan. 25, 1937. Death is said to have occurred on the date stated above, at 1:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation (indefinite)	
Other contributory causes of importance: Acute dilatation of heart	1/24/37

Was an operation performed? no Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. E. Campbell M. D.
(Address) 1644 Hanover St. 1/25/37

31634 F 31634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) 4-2

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME John F. Bangle

(a) Residence: No. 634 W. Lombard St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Jan. 24, 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	[illegible]	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1131

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N. Car.

FATHER

13. NAME Phillip Bangle

14. BIRTHPLACE (city or town) (State or country) N. Car.

MOTHER

15. MAIDEN NAME Fannie Clay

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Gastonia N.C. Date Jan 26 1937

19. UNDERTAKER Gotham C. Miller
(Address) 2233-37 E. Oliver

20. FILED JAN 25 1937 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 30, 36 to January 25, 1937

I last saw him alive on January 25, 1937 Death is said to have occurred on the date stated above, at 3:00 m P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	April 1934
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leo H. Feldman M. D.

(Address) Baltimore City Hospitals

OCCUPATION IS VERY important. See instructions on back of certificate.

31635 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 31635

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital 20-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? .....yrs. ..... mos. ..... ds.

2. FULL NAME Baby Harry Daugherty

If U.S. Veteran specify WAR .....

(a) Residence: No. 101 N. Monastery Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
male	W	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 23, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Harry F. Daugherty

14. BIRTHPLACE (city or town) Baltimore
(State or country)

MOTHER

15. MAIDEN NAME Grace Tiedemann

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

17. INFORMANT Harry F. Daugherty
(Address) 101 N. Monastery Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudoun Park Date 1/27/37

19. UNDERTAKER Harry W. Smythe
(Address) 4101 Edmondson Ave

20. FILED Huntington Woodcock, M.D.
1/27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/26/37

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1937, to Jan 25, 1937

I last saw h alive on Jan. 25, 1937. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

Generalized edema — Date of onset 1/23/37
Terminal pneumonia — acu

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? C Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) D. M. Dipon M.D. M. D.

(Address) Bon Secours Hosp.

F 31636

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31636

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 27-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. 11 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elmer Lee Vogt

If U.S. Veteran specify WAR No Record

(a) Residence: No. 2817 Hemlock Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Vogt

6. DATE OF BIRTH (month, day, year) Jan 28, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48	49	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet metal work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop. 2062

10. Date deceased last worked at this occupation (month and year) Jan 24, 1936

11. Total time (years) spent in this occupation 20 yr.

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joseph Charles Vogt

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Martha Gardner

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Joseph Chas Vogt

(Address) 818 North Point Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Jan 29, 1937

19. UNDERTAKER Wm Cook

(Address) 1817 St Paul St

FILED JAN 27 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1937, to Jan 26, 1937

I last saw him alive on Jan 26, 1937. Death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia.	
Other contributory causes of importance:	

Was an operation performed? no. Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Raymond J. Lyon, M. D.

(Address) Mercy Hospital

M. D. F. 1268-9

F 31637 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31637

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 W. Fayette St. 4-Z Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Parry

(a) Residence: No. 703 W. Fayette St., Ward. No War Record
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word): Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of: Balfour B. Parry

6. DATE OF BIRTH (month, day, year): Dec 6th 1873

7. AGE: Years 63 | Months 1 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Tully Faucheux

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Emma F. Weaver

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Kenneth Parry

(Address) 703 W. Fayette ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Jan 28th 19 37

19. UNDERTAKER: Wm Cook

(Address) 1717 St Paul St

JAN 27 1937 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 26th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1937, to Jan 26, 1937

I last saw her alive on Jan 26 1937. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Myocardial Failure	Jan 25 37
	avw

Other contributory causes of importance:

Obesity	1936
Hypertension	1936

Name of operation None Date of None

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Frank N. Ogden M. D.

(Address) 2701 N. Calvert St

OCCUPATION is very important. See instructions on back of certificate.

F 31638

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31638

50-141

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 27-16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR No Record

2. FULL NAME May Garrison

(a) Residence: No. 3305 St Ambrose ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND (or) WIFE Garrison (Vernon L.)

6. DATE OF BIRTH (month, day, year) 5-5-94

7. AGE	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1027

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Luke Ronny

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Anna Morris

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Record

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan 27 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JAN 27 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) JAN. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from JAN 23, 1937 to JAN 25, 1937

I last saw her alive on JAN 25, 1937 Death is said to have occurred on the date stated above, at 2.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma breast, rt.	1 yr.
Spontaneous abortion	1-23-35
Carcinomatosis, abdomen	
Uremia	

Other contributory causes of importance:

Was an operation performed? Yes Date of Sept 15-1926

For what disease or injury? Carcinoma, Breast, rt.

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) David T Long Jr M. D.

(Address) Johns Hopkins Hospital

31639
323378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 128 V

F 31639

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 7-5 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 20 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Vera Zimmerman

(a) Residence: No. Box 649 Stemmers Run ~~St.~~, ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -

6. DATE OF BIRTH (month, day, year) 1-10-81

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ab 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Rochalski

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eliz Zydorowich

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lawn Cem. Date 1/27 19 37

19. UNDERTAKER John G. Connelly

(Address) Locust Pt. Md.

20. FILED JAN 27 1937 at Fayette Station, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 24 . 1937

22. I HEREBY CERTIFY, That I attended deceased from JAN 4 . 1937 to JAN 24 . 1937

I last saw her alive on JAN 24 . 1937. Death is said to have occured on the date stated above, at 10 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute pancreatitis	Jan 4 '37
Other contributory causes of importance: Chronic cholecystitis & cholelithiasis	10 yrs

Was an operation performed? yes Date of 1-5-37

For what disease or injury? acute pancreatitis

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) David H Strong Jr M. D.

(Address) Johns Hopkins Hospital

31640 F 31640

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3805 E. Lought St. 76-8 Ward)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geo L. Schlimm

(a) Residence: No. 3805 E. Lought St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Wilhelmina Schlimm

6. DATE OF BIRTH (month, day, year): Nov. 9/1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto City F. D.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 003

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Geo Schlimm

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Katherine —

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Louis Ballinger
(Address) 3805 E. Lought St

18. BURIAL, CREMATION, OR REMOVAL
Place: Balto Mem. Date: Jan. 29 1937

19. UNDERTAKER: Philip Herwig Sons
(Address) 2016 Eutaw St

JAN 27 1937 19 Registrar.

Huntington Fitzhugh, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1936 to Jan 26 1937

I last saw h[illegible] alive on Jan 25 1937. Death is said to have occurred on the date stated above, at 1 20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance: Debility	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Walter W White M. D.

(Address) 2800 St Paul St

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

Stabler

F 31641

31641 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

162

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3109 Fleet St., 1-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Gough Stabler

(a) Residence: No. 3109 Fleet St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: John Stabler

6. DATE OF BIRTH (month, day, year): Feb 17 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Co Md

FATHER

13. NAME: James D. Swayne

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Sarah Clark

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs. Emma G. Mills

(Address) 3109 Fleet St

18. BURIAL, CREMATION, OR REMOVAL

Place: London Pk Date: 1/27/37

19. UNDERTAKER: Philip Sterling Sons

(Address) 2016 Orleans St

20. FILED: JAN 27 1937 [illegible] for Registrar, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 25 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1936 to Jan 25 1937

I last saw her alive on Jan 20 1937. Death is said to have occurred on the date stated above, at 8 am m.

The principal cause of death and related causes of importance were as follows:

Debility of Aged — Date of onset: ...

Other contributory causes of importance: — Date of onset: ...

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph Toomey, M. D.

(Address) 441 S. Ellwood Ave

OCCUPATION IS VERY important. See instructions on back of certificate.

31642

HEALTH DEPARTMENT—CITY OF BALTIMORE

31642

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1809 N. Chester St., 8-2 Ward)

Length of residence in city or town where death occurred 62 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen L. Hoeschele

(a) Residence: No. 1809 N. Chester St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Albert A. Hoeschele

6. DATE OF BIRTH (month, day, year) Nov 19 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Luther Woods

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Mary A = =

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Albert A. Hoeschele
(Address) 1809 N. Chester St

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem Date 1/28/37

19. UNDERTAKER Philip Herring Sons
(Address) 2016 Eutaw St

20. FILED JAN 27 1937 Thurlington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 30 to Jan 25, 1937

I last saw her alive on Jan 24 1937 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus
& metastases

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? ...

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Jack J. Singer, M. D.

(Address) 506 E. North ave.

SECTIONS 1 TO 24 INCLUSIVE TO BE FILLED IN BY PHYSICIAN, IF POSSIBLE. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B 1268-9

F 31643

F 31643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 18-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George B. Butterworth

if U. S. Veteran specify WAR .....

(a) Residence: No. 865 Hollins St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Butterworth

6. DATE OF BIRTH (month, day, year) Nov 15 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter gen'l House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Julia Phillips

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Theresa Butterworth

(Address) 109 S. Poplar Pelton St

18. BURIAL, CREMATION, OR REMOVAL

Place National Date 1/28/37

19. UNDERTAKER Harry H. Curtsyke

(Address) 4101 Edmondson Ave

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) W. W. Wright M. D.

(Address) 1010 S. Ellwood Ave

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

31644 F 31644

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3123 W. North Ave St., 15-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. 3 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dr. Charles Schultz Parker

If U.S. Veteran specify WAR .....

(a) Residence: No. 3123 W. North Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella L. Parker

6. DATE OF BIRTH (month, day, year) Sept. 28 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0054

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Schultz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christine Kalbfleisch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. John P. Schultz Jr.

(Address) 3722 Winterbourne Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Jan. 27 1937

19. UNDERTAKER Wm. H. Taylor Sons

(Address) North & Eager

20. FILED Jan 27 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1937 to Jan 25 1937

I last saw him alive on Jan 25 1937 Death is said to have occurred on the date stated above, at 11.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	4 yrs
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Isaac LeBrocque M. D.

(Address) 3055 W. North ave.

F 31645

M. D. B 1268-9

F 31645 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

94-B

Registered No. 15-10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4011 Pentwood Rd St. ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Allen Worth Beam, Sr.

(a) Residence: No. 4037 Belleaire St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Amelia Beam

6. DATE OF BIRTH (month, day, year) March 9-1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Allen Beam

14. BIRTHPLACE (city or town) (State or country) Pikesville, Md

MOTHER

15. MAIDEN NAME Lena Amelia Hartzell

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Amelia Beam
(Address) 4037 Belleaire

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Jan 28 1937

19. UNDERTAKER H. S. Frederick & Sons
(Address)

20. FILED Jan 29 1937 by Eugene Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27th 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above. 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) C. Nann Carney M. D.
Coroner

(Address) 12/6 Hanover

OCCUPATION is very important. See instructions on back of certificate.

V 56

F 31646

F 31646 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31646

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1275 Battery ave St., 24-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John P. Galvin

If U. S. Veteran specify WAR .....

(a) Residence: No. 1275 Battery St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary agnes Galvin

6. DATE OF BIRTH (month, day, year) June 23, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Patrick Galvin

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Buckley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) John P. Galvin 1275 Battery ave.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date 1/29/37

19. UNDERTAKER Margaret G. Flynn (Address) 1275 Battery ave.

20. FILED JAN 27 1937 Ft. Lincoln Williamsport, Md.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from June, 1936, to January 26, 1937

I last saw him alive on January 25, 1937. Death is said to have occurred on the date stated above, at 6:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Hypostatic pneumonia	1/24/37

Other contributory causes of importance:

Arterio-sclerotic Cardio-vascular disease

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

Signed Sheldon Eastcourt, M. D.

(Address) Med. Arts Bldg.

F 31647

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31647

92-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1802 Light St. St., 23-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 2 mos. ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Christian Gernert
If U. S. Veteran specify WAR .....

(a) Residence: No. 1802 Light St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Hydon Gernert

6. DATE OF BIRTH (month, day, year) Aug 2, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1886

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bridge Keeper

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Jacob Gernert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Henry Seltzer
(Address) 1802 Light St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date Jan. 27 1937

19. UNDERTAKER Margaret J. Flynn
(Address) 1424 Light St

20. FILED JAN 27 1937 Huntington Williams M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25. 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12. 1936 to Jan. 25. 1937
I last saw him alive on Jan. 24. 1937. Death is said to have occurred on the date stated above, at 12:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation (Indefinite)	
Other contributory causes of importance:	
Acute dilatation of Heart	1/24/37

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
(Signed) H. L. Campbell M. D.
1/26/37 (Address) 1644 Hanover St.

M. D. B 1268-9

F 31648

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31648

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital St., 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify War

2. FULL NAME Miss Ena Lantern

(a) Residence: No. The Stamford Hotel, Lancaster & Eutaw Sts, St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of "

6. DATE OF BIRTH (month, day, year) 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 80 81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town): (State or country) Kentucky

FATHER

13. NAME William Henry Lantern

14. BIRTHPLACE (city or town): (State or country) Kentucky

MOTHER

15. MAIDEN NAME Henrietta

16. BIRTHPLACE (city or town): (State or country) Kentucky

17. INFORMANT Laurence Briggs

(Address) 632 Frederick Ave Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Jan 27, 1937

19. UNDERTAKER Henry W. Armistead & Co

(Address) W. Cath & Eutaw Sts

20. FILED Jan 27 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry)

to ... death on the day stated above, 6.15 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of left femur	
Septicemia	

Other contributory causes of importance:

Arteriosclerosis	

Was an operation performed? yes Date of 12/22/36 Left 4 37

For what disease or injury? Fracture left femur

Name of operation Left Intramedullary nail Date of

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide accident Date of injury 12/21/36

Where did injury occur? at the Stamford Hotel (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Fell down stairs

Nature of injury Fracture of left F.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) C. Nanz Coroner, M. D.

Coroner

(Address) 120 Hanover

OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 31649

31649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward 1)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ezra Wilson

If U.S. Veteran specify WAR

(a) Residence: No. 427 Augusta St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Olywein Iowa

FATHER

13. NAME James Wilson

14. BIRTHPLACE (city or town) (State or country) Olwein Iowa

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Rev. Walden

(Address) 427 Augusta St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Lin Date Jan 28 1937

19. UNDERTAKER Little Bros

(Address) 1700 Eutaw and 2003

20. FILED , 19 Registrar

APR 21 1937

Huntington Publishing Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1. 24. 1937

22. I HEREBY CERTIFY, That I attended deceased from 1. 23. 1937 to 1. 24. 1937

I last saw him alive on 1. 24. 1937 Death is said to have occurred on the date stated above, at 1120 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1.16.37
Other contributory causes of importance:	
Generalized arteriosclerosis	12yrs ago
Pyelonephritis No	

Was an operation performed? Date of

For what disease or injury?

Was test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James D. Carr M. D.

(Address) 515 Monroe St

OCCUPATION is very important. See instructions on back of certificate.

31650 HEALTH DEPARTMENT—CITY OF BALTIMORE 31650

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1020 Valley St St. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Eaton

If U.S Veteran specify WAR

(a) Residence: No. 1020 Valley St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amalia M. Sugar Eaton

6. DATE OF BIRTH (month, day, year) Aug 5, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52 yrs.	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Dept Store

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Michael H. Eaton

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary F. O'Brien

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

17. INFORMANT Mrs. Amalia M. Eaton

(Address) 1020 Valley St.

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cemetery Date Jan 27, 1937

19. UNDERTAKER Elmer W. Conklin

(Address) 924 E. Eager St.

20. FILED , 19 Registrar.

27 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1936 to Jan 26 1937

and last saw h[illegible] alive on Jan 25 1937. Death is said to have occurred on the date stated above, at 6p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	1 Wk
Other contributory causes of importance: Senile Cardiac Debility	10 Yrs

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ferd Peterson M. D.

(Address) 500 N Baltimore

M. D. B 1268-9

F 31651

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31651

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital (Ward) 19-1

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Jackson

(a) Residence: No. 522 N. Calhoun Street St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ------

6. DATE OF BIRTH (month, day, year) About 1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 2070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mitchenville Md

FATHER

13. NAME John Jackson

14. BIRTHPLACE (city or town) (State or country) Mitchelville, Md.

MOTHER

15. MAIDEN NAME Josephine

16. BIRTHPLACE (city or town) (State or country) Mitchelville, Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mitchelville, Md. Date Jan 30. 1937

19. UNDERTAKER Mrs. Frank Words
(Address) Mitchellsville.

20. FILED ..... 19 .....

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquest, autopsy or inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	Jan 26 1937

Other contributory causes of importance: —

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Louise L. Allen M. D.

(Address) 507 Lisquette St. Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31652

CERTIFICATE OF DEATH

V 108 F 31652

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 854 W 37th St. S. 13-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose M. O'Hara

If U.S. Veteran specify WAR

(a) Residence: No. 854 W 37th St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of George J. O'Hara

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 54 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Louis C. Deeme

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Murphy

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT George J. O'Hara

(Address) 854 W 37th St.

18. BURIAL, CREMATION, OR REMOVAL

Name of Cemetery Date Jan 29, 1937

19. UNDERTAKER C. Arnold Hyde Jr.

(Address) 3615-17 Christopher Ave

20. FILED Huntington Williams, M.D. Registrar.

27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 1937 to Jan 26 1937

I last saw her alive on Jan 25th 1937. Death is said to have occurred on the date stated above, at 3:05 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia - Left	1/22/37
Other contributory causes of importance:	
Myocardial Failure	1/24/37

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Francis H. Gillis M. D.

(Address) 900 W. 37th St.

31653

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 31653

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 W. Mulberry St. 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ella McKenney

(a) Residence: No. 910 W Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced (or) WIFE of: George McKenney

6. DATE OF BIRTH (month, day, year): July 4 1886

7. AGE: Years 50 | Months 6 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Edmington Del

FATHER

13. NAME: George Mason
14. BIRTHPLACE (city or town) (State or country): Del

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Susan Butler
(Address) 910 W Mulberry St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Jan 28, 1937

19. UNDERTAKER: Mrs Katie L. Williams
(Address) 322 N. Schroeder St.

FILED JAN 27 1937 Edmington Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jany 29, 37

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1936 to Jany 28, 1937. I last saw h[illegible] alive on Jan 22 1937. Death is said to have occurred on the date stated above, at 2a m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

Mitral regurgitation

Other contributory causes of importance:

Pulmonary Edema

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Prey Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. F. Howell, M. D.

(Address) 601 E Baltimore Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31654

CERTIFICATE OF DEATH

F 31654

51-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 736 Dolphin St. 17-2 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Thomas Jones

(a) Residence: No. 736 Dolphin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced, HUSBAND of Hettie Moore Jones

6. DATE OF BIRTH (month, day, year) 12.29.72

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	—	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Expressman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own business

10. Date deceased last worked at this occupation (month and year) October 1934

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. md

FATHER

13. NAME Edward Jones

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co md

MOTHER

15. MAIDEN NAME Eliza Matthews

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. md.

17. INFORMANT Irene M. Scott
(Address) 736 - Dolphin

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Jan 27, 1937

19. UNDERTAKER Thos Katie R Williams
(Address) 322 S ~~Schroeder St~~ Pennsylvania Ave.
~~Edmondson Avenue~~ Baltimore, Md

FILED JAN 27 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1.23.37

22. I HEREBY CERTIFY, That I attended deceased from 12.15.36 to 1.23.37

I last saw him alive on 1.22.37 Death is said to have occurred on the date stated above, at 2 40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Prostate	Oct. 1936

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Phy. Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James M. Lair M. D.

(Address) 865 W. Lexington St.

NOTE—THIS IS VERY IMPORTANT. See instructions on back of certificate.

F 31655

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31655

CERTIFICATE OF DEATH

✓ 108 20519

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Washington

If U. S. Veteran specify WAR

(a) Residence: No. 1617 Presbury St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Washington

6. DATE OF BIRTH (month, day, year) 12/5/~~1877~~ 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~52~~ 50	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Beverly

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Matilda Baytups

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ~~Mt.~~ Calvary Date 1/28 1937

19. UNDERTAKER Saml. McClure & Son
(Address) 581 N. Gilmor

20. FILED 1-27-1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-25 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-22 1937 to 1-25 1937

I last saw h. (m) alive on 1-25 1937 Death is said to have occurred on the date stated above, at 9:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Lobar Pneumonia	2 wks

Other contributory causes of importance:

Hypertensive Cardiovascular Disease	unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Feeney M. D.

(Address) Baltimore City Hospitals

Spec.–7-17-26—A Co.—200 Bks.

F 31656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a F 31650

REGISTERED NO. 6264

1-PLACE OF DEATH

City of BALTIMORE: (No. 700 N. Carrollton Ave. St., 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence Carlos Wright

(a) RESIDENCE NO. 700 N. Carrollton Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Wright

6 DATE OF BIRTH (month, day, and year) Sept 3, 1880

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	56	4	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Undertaker

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Washington Wright

11 BIRTHPLACE OF FATHER (City or town) Charleston

(State or country) S. C.

12 MAIDEN NAME OF MOTHER Frances Wright

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md

14 Informant Gertrude Wright

(Address) 700 N. Carrollton Ave

15 Filed N 27 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25 1937

17 I HEREBY CERTIFY, That I attended deceased from Sept 9, 1935, to Jan 25, 1937

that I last saw him alive on Jan 25, 1937

and that death occurred, on the date stated above, at 5 A. M.

The CAUSE OF DEATH* was as follows:

1 Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. 18 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. H. White, M. D.

Jan 26, 1937 (Address) 5154 Belmont Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — Date of Burial 1/28/37

20 UNDERTAKER Saml. W. Chase & Son — ADDRESS 608 Dil

IF DEATH IN PLAIN TERMS, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-B

31657

HEALTH DEPARTMENT—CITY OF BALTIMORE

31657

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Jefferson Paulin

(a) Residence: No. 1110 Madison Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertina Paulin

6. DATE OF BIRTH (month, day, year) 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rockville Md

FATHER

13. NAME Edw Paulin

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Jefferson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Emory Paulin

(Address) 1110 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Mt Auburn Cem. Date 1-27-36

19. UNDERTAKER Bernard P. Hemsley

(Address) 618 Druid Hill Ave

20. FILED JAN 27 1937 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24. 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the above described, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia Influenza	1/23/37

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Widal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George E. Allen M. D.

(Address) 507 E. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place Antrim Cem. Date 1-27-36

19. UNDERTAKER Bernard P. Hennessey
(Address) 818 Druid Hill Ave

20. FILED JAN 27 1936 Huntington Whitmore MD
Registrar

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo. C. Allen M. D.
Coroner
(Address) 507 Arlington Ave

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31658

CERTIFICATE OF DEATH

94-a

F 31658

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 706 St Paul St. 11-1 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosalie Michaelson
if U. S. Veteran specify WAR

(a) Residence: No. 706 St Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-1-1909.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Typhest
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Newport News Va

FATHER
13. NAME Samuel Michaelson
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Minnie Morris
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Selma Michaelson
(Address) 2417 Rockwood ave

18. BURIAL, CREMATION, OR REMOVAL
Place Antrim Cem. Date 1/27/37 19

19. UNDERTAKER Bernard P. Hennessey
(Address) 1739 E. Baltimore St

JAN 27 1937 Huntington Whitmore MD
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Orin B. Wallace M. D.
Coroner
(Address) 123 St Paul St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31659

CERTIFICATE OF DEATH

48 F 31659

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) St. Agnes Hospital St., 22-1 Ward.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U.S. Veteran specify WAR .....

2. FULL NAME Lena Szagovitz

(a) Residence: No. 635 S. Charles St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Letvania

FATHER
13. NAME Louis Szagovitz
14. BIRTHPLACE (city or town) (State or country) Let

MOTHER
15. MAIDEN NAME Sarah Levin
16. BIRTHPLACE (city or town) (State or country) Let.

17. INFORMANT Sam Szagovitz
(Address) 635 S Charles St

18. BURIAL, CREMATION, OR REMOVAL
Place Mash Blvd Date 1-27-37

19. UNDERTAKER Jack Lewis Inc
(Address) 1432 E Baltimore St

20. FILED E. Lington Williams, M.D.
Registrar.

JAN 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/26/37. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1937, to 1-26, 1937
I last saw her alive on 1-26, 1936. Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma Uterus with intra abdominal metastases	12 yrs ago

Other contributory causes of importance:
Obesity

Was an operation performed? yes Date of July 8, 1936
For what disease or injury? Sarcoma Uterus

What test confirmed diagnosis? Clinic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....
(Signed) E. E. Williamson, M. D.
(Address) St. Agnes Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31660

CERTIFICATE OF DEATH

94-Fa 31660

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5221 Ready Ave. 3-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry C. Bell

If U.S. Veteran specify WAR

(a) Residence: No. 48 S. Front St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 9. 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58 59		10	14 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Poultry man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Dressed Poultry Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Harry C. Bell

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Alice Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Tom Spurrier

(Address) 117 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Md. Date 11/28/37

19. UNDERTAKER J. Heyman & Son

(Address) 32 S. Broadway

20. FILED Huntington Williams, M.D. Registrar.

#71937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/25/1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20. 1937 to Jan. 25th 1937

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Myocarditis	
Other contributory causes of importance: Arterio Sclerosis	
Bronchitis	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. H. Magness M. D.

(Address) 14 E. Read St

Vernon 2689.

F 31661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 F 31661

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 31 N. Luzerne St., 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Kathrine Hunk

If U.S. Veteran specify WAR .....

(a) Residence: No. 31 N. Luzerne St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 11, 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57 58	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Murphy's

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME John Hunk

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Mary C. Eisenbeck

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Mary Hunk
(Address) 31 N. Luzerne

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 1/28/37

19. UNDERTAKER J. Hennegan & Son
(Address) 32 S. Broadway

20. FILED ..... Registrar.

JAN 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/25/37

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1936 to Jan 25, 1937

I last saw her alive on Jan 25, 1937 Death is said to have occurred on the date stated above, at 7.10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Left Breast	
Other contributory causes of importance: Mitral Regurgitation	

Was an operation performed? — Date of .....

For what disease or injury? .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury — , 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. C. Thieme, M. D.

(Address) 601 E. Fairmount Ave Balto Md

M. D. B. 1268-9

F 31662

F 31662 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH So. ~ Baltimore Hosp. — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 24-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.... yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Warren Crawford

(a) Residence: No. River Rd. - Linthicum Hgts. Md. St.; Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 29 1935

7. AGE Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
1	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Linthicum Hgts. (State or country) Md.

FATHER

13. NAME William Walter Crawford

14. BIRTHPLACE (city or town) Uniontown (State or country) Pa.

MOTHER

15. MAIDEN NAME Memonah Clarke

16. BIRTHPLACE (city or town) Parkton (State or country) Md.

17. INFORMANT Mrs. Memorial Clark Crawford.

(Address) Linthicum, Md

18. BURIAL, CREMATION, OR REMOVAL Friendship Cem. Md. Date Jan. 27 1937

19. UNDERTAKER Romer W. Singleton

(Address) Glen Burnie, Md.

FILED JAN 27 1937 Harrington Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1937, to Jan 26, 1937

I last saw him alive on Jan 26, 1937. Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	1-24-37
Bronchial Pneumonia	1-25-37
Convulsions	1-26-37

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Chas. L. Ball Jr. M. D.

(Address) Linthicum, Md.

323809

HEALTH DEPARTMENT—CITY OF BALTIMORE

32 31663

CERTIFICATE OF DEATH

134 F 31663

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital, 3-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Max Lugkowski

(a) Residence: No. 609 S Belnord Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3 | 21 | 87

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER | FATHER

13. NAME Anton Lugkowski

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Josephine Novak

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem. Date Jan. 29, 1937

19. UNDERTAKER M. F. Sadowski & Sons.

(Address) 180 E Eastern Ave.

JAN 27 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1937 to Jan 26 1937

I last saw him alive on Jan 26 1937 Death is said to have occurred on the date stated above, at 9 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism.	

Other contributory causes of importance:

Renal Stone

Was an operation performed? Yes. Day of Jan 15, 1937

For what disease or injury? Renal Calculus.

What test confirmed diagnosis? X-ray. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Kenneth C. Harris M. D.

(Address) John Hopkins Hospital

F 31664

F 31664 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home St. 28-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Ernestine Nixon

(a) Residence: No. German Aged Home St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) November 6, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Leipsig
(State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Ernestine Weber

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Records German Aged Home
(Address) Athol Ave., Irvington

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Jan. 28, 1937

19. UNDERTAKER Joseph H. Hook
(Address) 1002 W. Baltimore St.

20. Date 27 1937 Filed Jan 29 1937 [illegible], M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20/37. 19..., to Jan. 25/37. 19...
I last saw her alive on Jan. 24/37. 19... Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of Importance were as follows:

	Date of onset
Arterio-Sclerosis.	Unknown
Chronic Cardiac Hypertrophy	Unknown

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) [illegible] M. D.
(Address) 973 Hanover St.

M. D. B 31665 ✓ F 31665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

125-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St. Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Grace Trusty

If U. S. Veteran specify WAR .....

(a) Residence: No. 407 S. Dallas St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	married

6. If married, widowed, or divorced, **HUSBAND** of (or) **WIFE** of Clifford

6. DATE OF BIRTH (month, day, year) Feb 22 1916

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
21	11	4 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife 1937

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME William Smith

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lucy Johnson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Emma Smith (Brother)

(Address) 407 S. Dallas

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Ct Date 1/29/37 19

19. UNDERTAKER Isaiah L Brown & Son

(Address) 108 W Montgomery St

20. FILED 1/27/1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, autopsy or Inquiry)

obtained by autopsy (Inquest, autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute yellow atrophy of the liver	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. W. Wright M. D.
Coroner

(Address) 1010 S. Ellwood Ave

31666

HEALTH DEPARTMENT—CITY OF BALTIMORE

31666

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Carper (15396) If U. S. Veteran specify WAR .....

(a) Residence: No. 1102 Dorn Alley St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

8a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle

6. DATE OF BIRTH (month, day, year) July 20, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	5 6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Upholstering

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 085

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Robert

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Fannie Gibson

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Hospital Records
(Address) .....

18. BURIAL, CREMATION, OR REMOVAL
JOHNS HOPKINS MEDICAL SCHOOL JAN 27 1937
Commissioner of Health

19. UNDERTAKER For H. A. Moore
(Address) .....

20. FILED Williamsport, Md JAN 27 1937 2933 P.M. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1936 to January 24, 1937

I last saw him alive on January 24, 1937. Death is said to have occurred on the date stated above, at 9 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
March Tuberculosis of Lungs	March 1936
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lem H. Feldman M. D.

(Address) Baltimore City Hospitals

31667 ✓ F 31667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

20479 157-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Hayes

If U. S. Veteran specify WAR

(a) Residence: No. 1425 W. Lanvale St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-21-37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Albert Hayes

14. BIRTHPLACE (city or town) Pa.
(State or country)

MOTHER

15. MAIDEN NAME Mary Mack

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
JOHNS HOPKINS MEDICAL SCHOOL JAN 27 1937 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED 1937 Huntington Phillips, M... Registrar.

27 1937 2931 H

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 1/23/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1/20/37, 19..., to 1/23/37, 19...

I last saw him alive on 1/23/37, 19... Death is said to have occurred on the date stated above, at 1:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcal	Birth
Meningitis due to B. Coli	1/22/37
Bacteremia due to B. Coli	1/23/37

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? → Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. Alexander M. D.

(Address) Baltimore City Hosp

31668 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 31668

CERTIFICATE OF DEATH

18338

34-J-92-W

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1913 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Walter Paul

(a) Residence: No. 1310 N. Parrish St., St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stella (D)

6. DATE OF BIRTH (month, day, year) 2-13-1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Robert

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Grace Bets

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
[illegible] MEDICAL SCHOOL JAN 27 1937 19

19. UNDERTAKER Commissioner of Health
(Address) Per M. A. Moore

20. FILED ..... 19 ..... Registrar

27 1937 2932 M

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20-1937

22. I HEREBY CERTIFY, That I attended deceased from 10-30 1936 to 1-20 1937

I last saw him alive on 1-20 1937 Death is said to have occurred on the date stated above, at 8:00 A.m.

The principal cause of death and related causes of importance were as follows:

Aortic Insufficiency — Date of onset 3 mos

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Ramsey M.D.

(Address) Baltimore City Hospitals

Spec.—1-30—M. & T.—250 Bks.

F 31669

F 31669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 108

1-PLACE OF DEATH 14 W. 24th st. REGISTERED NO.....

CITY OF BALTIMORE: (No. ..... ST. 12-3 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mamie E. Foust

(a) RESIDENCE NO. 14 W. 24th st. ST. ..... WARD Glen Rock Pa

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced (or) WIFE of Paul C. Foust.

6 DATE OF BIRTH (month, day, and year) Feb 3- 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49	11	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Glen Rock Pa.

PARENTS

10 NAME OF FATHER Aaron R. Bollinger

11 BIRTHPLACE OF FATHER (city or town) (State or country) York Co. Pa.

12 MAIDEN NAME OF MOTHER Matilda Mark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) York Co. Pa.

14 Informant (Address) Paul C. Foust. 14 W 24th St

15 Filed 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/27/37

17 I HEREBY CERTIFY, That I attended deceased from 1/18/37, 19..., to 1/27/37, 19..., that I last saw her alive on 1/26/37, 19..., and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Circulatory collapse.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia.

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Egbert R. Mortimer M. D.

(Address) 2801 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL York Penna DATE OF BURIAL Jan 30 1937

UNDERTAKER Stuart Hose ADDRESS 2244 Kloman

F 31670

31670 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 N Glover St. 6-2 Ward)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laura Leach

If U.S. Veteran specify WAR .....

(a) Residence: No. 204 N Glover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Leach

6. DATE OF BIRTH (month, day, year) Aug 21. 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Hall

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Amanda Kidd

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Lillian Norman

(Address) 205 N Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Jan 28, 1937

19. UNDERTAKER John Ulbt

(Address) 1st E Belvedere Ave

FILED APR 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25. 1937

22. I HEREBY CERTIFY, That I attended deceased from May 10 1936 to Jan 25 1937

I last saw her alive on Jan 24 1937 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardiac Dzd	6 Mos Ago
Other contributory causes of importance: Arteriosclerosis	20 Yrs Ago

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edw Wyatt Neal M.D.

(Address) 1000 N. Eutaw St Baltimore Md

31671 ✓ E 31671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 622 Woodbourne Ave. St. 27-8 Ward)

Length of residence in city or town where death occurred 93 yrs. 1 mos. 4 ds. How long in U. S. If of foreign birth? --yrs. --mos. --ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Daniel Thomas Regester

(a) Residence: No. 622 Woodbourne Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Rae

6. DATE OF BIRTH (month, day, year) Dec. 12, 1843

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	93	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joshua Regester

14. BIRTHPLACE (city or town) (State or country) Kent County Maryland

MOTHER

15. MAIDEN NAME Hester Jones

16. BIRTHPLACE (city or town) (State or country) Wales ------

17. INFORMANT Miss Beulah Regester
(Address) 622 Woodbourne Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date 1/28 19 37

19. UNDERTAKER Henry Z. Mears & Son
(Address) 805 N. Calvert St.

20. FILED JAN 27 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1937, to Jan 26, 1937

Last saw h.. alive on Jan 26, 1937 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
La Grippe	1937
Bronchopneumonia	1937
Other contributory causes of importance: Acute Cardiac Dilatation	1937

Was an operation performed? N Date of .....

For what disease or injury? .....

Name of operation N Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? N

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) D. W. Bishop, M. D.

(Address) 501 Sheffield Ave

✓ F 31672

31672

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-D

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1841 Lenna Ave St. (or Ward) 2
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME David Zellermayer
If U. S. Veteran specify WAR .....

(a) Residence: No. 1841 Penna Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie

6. DATE OF BIRTH (month, day, year) 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Roumania

FATHER
13. NAME not known
14. BIRTHPLACE (city or town) (State or country) Roumania

MOTHER
15. MAIDEN NAME not known
16. BIRTHPLACE (city or town) (State or country) Roumania

17. INFORMANT Leon Brecher
(Address) 1800 Orleans St

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Mt Carmel 1/27 1937

19. UNDERTAKER Jack Lewis Inc
(Address) 1429 E Baltimore St

20. FILED 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/27, 1937

22. I HEREBY CERTIFY, That I attended deceased from November, 1936 to Jan. 27, 1937.

I last saw h. alive on Jan. 27, 1937. Death is said to have occurred on the date stated above, at 9.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Sidney D. Levy M. D.

(Address) 2324 Eutaw Place

✓ F 31673

HEALTH DEPARTMENT—CITY OF BALTIMORE

31673

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univesity Hospital St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... 3a. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U.S. Veteran specify WAR .....

2. FULL NAME Baby Girl Conaway

(a) Residence: No. 1701 Winchester St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 10, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		12 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME John Conaway

14. BIRTHPLACE (city or town) Virginia (State or country)

MOTHER

15. MAIDEN NAME Sarah Allen

16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date JAN 27 1937

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address) Huntington, Williamson, W. Va.

Filed JAN 27 1937 Registered 2986

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1937, to Jan 22, 1937

I last saw h[illegible] alive on Jan 22 1937 Death is said to have occurred on the date stated above, at 6:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchopneumonia	1/21/37
Other contributory causes of importance: Prematurity	1/10/37

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Roland E. Brown, M. D.

(Address) University Hospital

✓ F 31674

31674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 819 N. Fulton av St., 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR

2. FULL NAME Ralph Eugene Dailey

(a) Residence: No. 819 N. Fulton av St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 26 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		6 hrs	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Arthur Dailey

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Margaret Roberts

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Margaret Dailey,

(Address) 819 N Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL JAN 27 1937 19

COMMISSIONER OF HEALTH

19. UNDERTAKER Per H. A. Moore

(Address)

27 1937 Huntington Williams, Md

2935 H

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26-37, 19

22. I HEREBY CERTIFY, That I was in charge of the remains described above; held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above 1.30 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Premature Birth	
6½ Mo Foetus.	

Other contributory causes of importance: —

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Jno. J. Phelan M. D. Coroner

(Address) 1939 Edmondson Ave

F 31675

31675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Mrs. Mary C. Thomas

If U.S. Veteran specify WAR .....

(a) Residence: No. 2602 Shirley Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Claude L. Thomas

6. DATE OF BIRTH (month, day, year) Nov 29-1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland Md

FATHER

13. NAME Michael Gillen

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Kennedy

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Paula Thomas

(Address) 2602 Shirley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Charles Cem Catonsville Date Jan. 30" 1937

19. UNDERTAKER Chas J. Truesdale Son

(Address) 1810 Mount Royal Ave

20. FILED ..... 19..... Registrar.

JAN 27 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-26 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-25 1937 to 1-26 1936

I last saw her alive on 1-26 1936 Death is said to have occurred on the date stated above, at 9:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, right lung	1-26-37

Other contributory causes of importance:

Diabetes mellitus	1930 (?)
Hypertensive Cardiovasc. disease	1930 (?)

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) L. Treuman M. D.

(Address) Mercy Hosp.

F 31676 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31676

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) St. Agnes Hospital St., 30-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ernest P Bozel

(a) Residence: No. 2710 Welbrit ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Minnie Schuman Bozel

6. DATE OF BIRTH (month, day, year) April 12-1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0057

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Richard Walteral Bozel

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Richard W. Bozel
(Address) 3301 East Lebanon ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem Date Jan 29 1937

19. UNDERTAKER Chas H. Ward & Son
(Address) 1820 Harford ave

27 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26. 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above, 6 o'clock

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Coma	1-23-37

Other contributory causes of importance: Chronic Myocarditis two years

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos H Chilcott M. D.
Coroner

(Address) 1939 E. Fayette St. Balto. Md.

V S 6

F 31677 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31677

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Union Memorial Hosp 2

CITY OF BALTIMORE: (No. 3111 N Charles St., 17-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr George Harvey Keyes

(a) Residence: No. 3111 N Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed~~ or ~~divorced~~ WIFE of (~~or Widow of~~) Georgia B. Keyes

6. DATE OF BIRTH (month, day, year) March 26 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0042

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Hampshire

FATHER

13. NAME Charles Keyes

14. BIRTHPLACE (city or town) (State or country) New Hampshire

MOTHER

15. MAIDEN NAME Elizabeth Robertson

16. BIRTHPLACE (city or town) (State or country) Vermont

17. INFORMANT Mrs Norman Keyes

(Address) 105 Millbrook Road

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Jan 28 1937

19. UNDERTAKER Henry W Jenkins & Son Co

(Address) Orchard & Mulberry Sts

20. FILED 27 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1937 to Jan 26, 1937

I last saw h~~im~~. alive on Jan 26, 1937. Death is said to have occurred on the date stated above, at 4 35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia, Left Lower Lobe	1-20-37
Other contributory causes of importance: Arteriosclerosis	1927

Was an operation performed? No Date of ✓

For what disease or injury? ✓

What test confirmed diagnosis? ✓ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Robert H Woe M. D.

(Address) Union Memorial Hospital

M. D. D 1268-9

31678

✓ F 31678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. E-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alphonse Ferragamo

if U. S. Veteran specify WAR .....

(a) Residence: No. 3207 Clarence Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margarita Ferragamo

6. DATE OF BIRTH (month, day, year) April 15 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bonito (State or country) Italy

FATHER

13. NAME Nicola Ferragamo

14. BIRTHPLACE (city or town) Bonito (State or country) Italy

MOTHER

15. MAIDEN NAME Giovanna A. Belmonte

16. BIRTHPLACE (city or town) Bonito (State or country) Italy

17. INFORMANT Margarita Ferragamo (Wife)

(Address) 3207 Clarence Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Jan. 28 . 19 31

19. UNDERTAKER Frank Della Rocca

(Address) 52 N. Motley St

27 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25 . 1931

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schreiber, M. D.

Coroner

(Address) 1912 E. North Ave.

F 31679

M. D. B 1268-9

31679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME

(a) Residence: No. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Spine	

Other contributory causes of importance:

Carcinoma Colon

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1937

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.
Coroner

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

1680 324269

CERTIFICATE OF DEATH

31680 X 54-D

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No.) St., 7-5 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosa Morganstein

If U.S. Veteran specify WAR

(a) Residence: No. 709 N. 176th St St., Ward. New York City

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Morganstein

6. DATE OF BIRTH (month, day, year) 1/1/96

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41		25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Sam Jonkonogy

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Anna Pecker

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Rosa (Address)

18. BURIAL, CREMATION, OR REMOVAL Place New York Date 1-27 1937

19. UNDERTAKER Jack Louis Inc (Address) 1422 E. Baltimore St

20. FILED JAN 27 1937 JAN 27 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1937 to Jan 26th 1937.

I last saw her alive on Jan 26th 1937. Death is said to have occurred on the date stated above, at 9.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor - benign	
Other contributory causes of importance:	

Was an operation performed? yes Date of 1-26-37

For what disease or injury? Brain tumor

What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James Monroe Mason III M. D.

(Address) Johns Hopkins Hospital

F 31681

31681

HEALTH DEPARTMENT—CITY OF BALTIMORE

20349 958

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Clazey

If U. S. Veteran specify WAR

(a) Residence: No. 423 N. Paca St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-3-1863

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	74	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Clazey

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Margaret Hall

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baughman Cem. Date Jan 28 1937

19. UNDERTAKER John McWeber
(Address) 1401 E. Chester St

20. FILED 19 (Registrar)

27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-25- 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-15- 1937 to 1-25- 1937

I last saw her alive on 1-25- 1937 Death is said to have occurred on the date stated above, at 7 P m.

The prinripal cause of death and related causes of importance were as follows:

	Duration
Coronary Thrombosis	10 days
Other contributory causes of importance: Arteriosclerotic Heart Disease	several years

Was an operation performed? No Date of

For what disease or injury?

Name of operation No

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John L. Ramey M.D.

(Address) Baltimore City Hospitals

RR

F 31682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenhaven Hospital St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clara Marie Ruffini

If U. S. Veteran specify WAR .....

(a) Residence: No. 1119 - S. Hanover St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 20, 1935

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Ameil J. Ruffini

14. BIRTHPLACE (city or town) (State or country) Proctor Vt.

MOTHER

15. MAIDEN NAME Carrie M. Bahr

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Father

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Jan 29th 1937

19. UNDERTAKER E. Sehlenker & Son

(Address) 1839 Hanover St

27 1937 Washington Nottingham, MD

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Jan. 27, 1937.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1937 to Jan. 27, 1937.

I last saw her alive on Jan. 27, 1937. Death is said to have occurred on the date stated above, at 1:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pharyngeal and Laryngeal diphtheria	1/20/37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What was confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Sidney Selman M. D.

(Address) Lyndenhaven Hospital

F 31683

31683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 4 W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Franklin Meekins (19655)

(a) Residence: No. 678 N. Baltimore St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha

6. DATE OF BIRTH (month, day, year) March 18, 190[illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	9 10	7 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Lawrence Adam

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Minnie Wheat

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Kent Co. Md. Date 1-29-37.

19. UNDERTAKER Wendell E. Humphreys
(Address) 1 E. Lexington Baltimore, Md.

20. FILED JAN 27 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 21, 1936 to January 26, 1937

I last saw him alive on January 26, 1937 Death is said to have occurred on the date stated above, at 9:00 m. A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Dec 1935
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leo H. Feldman. M. D.

(Address) Baltimore City Hospitals

F 31684 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31684

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore Md. 25-B

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William H. Reese

If U. S. Veteran specify WAR SAW

(a) Residence: No. 2821 Maisel St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

8a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cara (Robinson) Reese

6. DATE OF BIRTH (month, day, year) October 25, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Air-brake Repairman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year) 2 yrs 2-0

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Mahanoy City Pa.

FATHER

13. NAME William D. Reese

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Margaret Hughes

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Jan 30, 19 37

19. UNDERTAKER C. Russell Evans

(Address) 1400-12 Cathedral St.

20. FILED ..... 19 ..... Registrar.

71937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 30, 1936 to January 26, 1937

I last saw him alive on January 26, 1937. Death is said to have occurred on the date stated above, at 10:35 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	1931
Arteriosclerosis, general	1931
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) T. B. H. Anderson, M. D.

(Address) U.S. Marine Hospital

31685

HEALTH DEPARTMENT—CITY OF BALTIMORE

31685

CERTIFICATE OF DEATH

Registered No. 463

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md-New York St., 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 1 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Henry W. Davis

(a) Residence: No. Woodlawn, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Mary G. Davis

6. DATE OF BIRTH (month, day, year) Dec 25th 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Woodbine Md

FATHER

13. NAME Peter Davis

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary E. Davis

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lloyd Davis (Address) Cecil & Ingleside Ave

18. BURIAL, CREMATION, OR REMOVAL Date Jan 29th 1937

Place Bethel Cem. Winfield Md

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED 1937 Registrar

27 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-26-1937

22. I HEREBY CERTIFY, That I attended deceased from 12-2-36, 19__ to 1-26-37, 19__

I last saw h__ alive on 1-26-37, 19__ Death is said to have occurred on the date stated above, at 5:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Other contributory causes of importance: Cachexia	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. P. Stephens M. D.

(Address) Md-New York

M. D. B. 1268-9

F 31686

HEALTH DEPARTMENT—CITY OF BALTIMORE

31686

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1407 Mt Royal Avenue St. 14-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Blanche P. Eidt

(a) Residence: No. 1407 Mt Royal Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 25 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garment Examiner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garment Shop

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 6 mos

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles F. Eidt

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Lucy J. Murray

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Wm. Charles Eidt
(Address) 1407 Mt Royal Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 1/29/37 19..
Fred A. Cole

19. UNDERTAKER E. A. Blanning
(Address) 1136 Poplar Grove Street

20. FILED 1937 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1937 to Jan 26 1937

I last saw h.. alive on Jan 26 1937. Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1937
Chr. Myocarditis	

Other contributory causes of importance:

Arteriosclerosis	1931

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) D. W. Bishop M. D.

(Address) 501 Sheridan Av

31687 F 31687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 117-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 13 Brd St Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. George Sparkman Lowe, Jr.

(a) Residence: No. 714 Beech St. St., Fernandina, Florida Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1916 Jan 7

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
A	19	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hyde Jabor Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fernandina, Fla.

FATHER

13. NAME Mr. George S Lowe Sr.

14. BIRTHPLACE (city or town) (State or country) Gainesville, Ga.

MOTHER

15. MAIDEN NAME Fannie B. McClellan

16. BIRTHPLACE (city or town) (State or country) Chester, Fla

17. INFORMANT (Mother) Fannie B McClellan Lowe

(Address) 714 Beech St Fernandina, Fla.

18. BURIAL, CREMATION, OR REMOVAL

Place Fernandina Fla Date Jan 28 1937

19. UNDERTAKER Henry W Jenkins Sons

(Address) McCullough & Orchard Sts

Registrar.

27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1936, 19 to Jan 27, 1937

I last saw him alive on Jan 27, 1937. Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diffuse fibrinous pericarditis	1-20-37
Bilateral pulmonary infarction	1-12-37
Other contributory causes of importance: Perforated Duodenal ulcer	?

Was an operation performed? Yes Date of 12/31/36

For what disease or injury? 1-8-37 - Exploratory Gastro-duodenostomy

Laparotomy - Closure of perforation - Separation of adhesions of stomach & duodenum - Separation of adhesions of transverse colon from gall bladder

1-18-37 Exploratory laparotomy - Gastro-jejunostomy

What test confirmed diagnosis? Was there an autopsy? Partial

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. McLopeland M. D.

(Address) Union Memorial Hosp

F 31688

31688

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1124 W. Lombard St. St. 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 22 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Edward Roberts

(a) Residence: No. 1124 W/ Lombard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Nov. 4th. 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Lawrence Roberts

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

MOTHER

15. MAIDEN NAME Agnes Leary

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Agnes L. Roberts
(Address) 1124 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 1/28/37. 19

19. UNDERTAKER Geo. L Bayer Jr
(Address) 1512 Hollins St.

JAN 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26-1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1937 to Jan 26 1937

I last saw h[illegible] alive on Jan 26 1937 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance, were as follows:

	Date of onset
Acute Broncho-pneumonia.	1937

Other contributory causes of importance:

Chas Norton.

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Aut Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None

(Signed) Chas. Norton, M. D.

(Address) 878 W Lombard St.

F 31689

F 31689 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

20134 94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 22-2 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Wm. B Koontz

(a) Residence: No. 704 Portland St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Pearl Koontz

6. DATE OF BIRTH (month, day, year) 11-7-1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Flagman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Koontz

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Overton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Jan. 29 1937

19. UNDERTAKER Geo. E. Franck

(Address) 802 Madison Ave

20. FILED JAN 29 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-26, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-7, 1937 to 1-26, 1937

I last saw h.M. alive on 1-26, 1937 Death is said to have occurred on the date stated above, at 9.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1-26-37
Other contributory causes of importance: Coronary Thrombosis	1-2-37

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation NO

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

Signed John L Ramey M. D.

(Address) Baltimore City Hospitals

F 31690

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31690 #20292

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 15-1 Ward)

Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Amanda Cook

If U. S. Veteran specify WAR

(a) Residence: No. 1622 N. Gilmore St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	?

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Dec. 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (None)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Calvary Cem. Date Jan 29 1937

19. UNDERTAKER Rodgers Hurst Halstead
(Address) 1128 Edmondson Avenue

20. FILED 19
Registrar.

JAN 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-25-1937

22. I HEREBY CERTIFY, That I attended deceased from 1-13-1937 to 1-25-1937

I last saw her alive on 1-25-1937 Death is said to have occurred on the date stated above, at 10:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	Arrival date
Cerebral Hemorrhage (Old)	unk

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John L. Ramey M.D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

31691 F 31691

CERTIFICATE OF DEATH

127

1. PLACE OF DEATH Bon Secours Hosp
CITY OF BALTIMORE: (No. Balto. Md. St. 20-W Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 4 yrs. 1 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gloria. T. O'Neill
If U.S. Veteran specify WAR
(a) Residence: No. 2318 W Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 14th 1927

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
9	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Harry J. O'Neill
14. BIRTHPLACE (city or town) (State or country) New. York. N.Y.

MOTHER

15. MAIDEN NAME Theresa. C. Raith
16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mr. Harry J. O'Neill
(Address) 2318 W Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place The Redeemer Date 1/29 1937

19. UNDERTAKER John J. Logan & Son
(Address) 901 Hollins St.

28 1937 [illegible] Baltimore, Md.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1936 to Jan 26, 1937.
I last saw her alive on Jan. 26, 1937 Death is said to have occurred on the date stated above, at 11:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro enteritis	1-3-37
Cholangitis & cholecystitis	1-10-37
Hepatitis	1-10-37
Other contributory causes of importance: Malnutrition	

Was an operation performed? No Date of
For what disease or injury?
What test confirmed diagnosis Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Dawn L Kemp M.D.
(Address) Bon Secours Hosp Baltimore Md.

M. D. B 1263-9

31692 F 31692

31692 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓186-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 4-2 Ward)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George H. Brock If U. S. Veteran specify WAR .....

(a) Residence: No. 746 W. Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Louise Creasey

6. DATE OF BIRTH (month, day, year) May 4, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. gen'l installation

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) New Jersey

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) ..... (State or country) Switzerland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ..... (State or country) Switzerland

17. INFORMANT Mrs. Louise Brock (Address) 901 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cem. Date Jan 28 1937

19. UNDERTAKER John C. Covant & Son (Address) 901 Fulton Ave. Interim Certificate

FILED JAN 28 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ongoing (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ongoing (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull (etc)	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury Jan 26, 1937

Where did injury occur? Baltimore Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry - Warehouse D. Frankfort Distilling Co.

Manner of injury Scaffold Fall Scaffolding

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify injured in line of duty

(Signed) ..... M. D.
Coroner

(Address) 101 S. Eliot St. Ave.

F 31693

31693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John R. Walsh

(a) Residence: No. 1039 Warden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hawley Julia Walsh

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Frances Walsh (Address) 1516 Hoffman St

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date Jan 30 1937

19. UNDERTAKER Rule Wedefield (Address) 914 Greenmount Ave

20. FILED JAN 31 1937 Harrington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1937 to Jan 27, 1937

I last saw h.. alive on Jan 27, 1937. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Duodenal Ulcer c perforation	?
Peritonitis into Duodenum from Ulcer	?
Other contributory causes of importance: Localized Peritonitis	10 hrs?

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — 19..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Frank R Stephenson M. D.

(Address) St. Joseph's Hospital

F 31694

F 31694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 26-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ruby Enid Crist

(a) Residence: No. 315 S Highland Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 23, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Julius Crist

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Edith Hoch

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT J. Norman Crist (Father)

(Address) 3926 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Jan 28, 1937

19. UNDERTAKER Lilly & Zeiler INC.

(Address) 403 S. Wolfe St.

20. FILED JAN 28 1937 Registrar Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1937 to Jan 26, 1937

last saw her alive on Jan 26, 1937. Death is said to have occurred on the date stated above, at 8:45 m.

The principal cause of death and related causes of importance were as follows:

Respiratory obstruction — Atelectasis — Date of onset

Other contributory causes of importance:

Hyperpyrexia

Was an operation performed? yes Date of Jan 26, 1937

For what disease or injury? Bronchoscopy

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard Lichman, M. D.

(Address) Sinai Hospital

F 31695

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31695

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 E. Pratt St., 7th Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Hahner

(a) Residence: No. 1819 E. Pratt St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 21 - 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Alexander Hahner

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Diddlemeyer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Alexander Hahner
(Address) 1819 E Pratt St

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Jan 28 1937

19. UNDERTAKER Tilly & Zeiler
(Address) 403 S Broadway

20. FILED ..... 19..... Registrar.

JAN 23 1937 Commissioner of Health, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/25/37, 19..... to 1/26/37, 19..... I last saw h.... alive on 1/26, 19..... Death is said to have occurred on the date stated above, at 9 P.m..

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis.	
Other contributory causes of importance: Bronchio pneumonia	

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W. W. Ingell M. D.

(Address) 633 S. Conkling

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31696 — 82-AF 31696

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Charles Apts St. 12-2 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fred Sarles Axtell — If U.S. Veteran specify WAR None

(a) Residence: No. Charles Apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Zamora Axtell

6. DATE OF BIRTH (month, day, year) June 16-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired V. P.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fidelity Deposit Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME ✓

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Harold F. Axtell
(Address) 2210 Rosleyn Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem Date Jan 28 37

19. UNDERTAKER Hurt Funeral Home
(Address) Huntingdon Ave Baltimore, Md.

28 193 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1936 to Jan 26, 1937

I last saw him alive on Jan 25, 1937. Death is said to have occurred on the date stated above, at 1:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Hemorrhoids Enlarged Prostate	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Frank J. Gregory M. D.

(Address) 3047 St. Paul St.

31697

HEALTH DEPARTMENT—CITY OF BALTIMORE

31697

CERTIFICATE OF DEATH

34-A-184-A

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St., H-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Watkins Watkins If U.S. Veteran specify WAR .....

(a) Residence: No. Monrovia Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Monrovia Md

FATHER

13. NAME Roy Watkins

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Edna Ribbon

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Brownsville Md Date Jan 29. 37

19. UNDERTAKER Beall Bros
(Address) Dickerson Md

FILED JAN 28 1937 18 Thurmont Washington Co. Md

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1937 to Jan 27, 1937
I last saw h in alive on Jan 25, 1937 Death is said to have occurred on the date stated above, at 8:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchopneumonia	1/26/37
Other contributory causes of importance: Congenital Syphilis	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Roland E. Bieri M. D.
(Address) University Hospital

31698

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31698

94-a

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH — CITY OF BALTIMORE: (No. University Pkwy. & 40th St. Tudor Arms Apts. St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ephraim Keyser

(a) Residence: No. Tudor Arms Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 9, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sculptor 0001

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Moses Keyser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Betsy Preiss

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Miss. H. Bachrach, (Niece) Tudor Arms Apts.

18. BURIAL, CREMATION, (REMOVAL) Place Fort Lincoln Cem. Date Jany. 28, 1937

19. UNDERTAKER (Address) David Sondheim & Son 1222 Eutaw Place

20. FILED JAN 29 1937, 19 [illegible] Registrar. Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany. 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feby 27, 1917 to Jany 26, 1937

I last saw h[illegible] alive on Jany 26, 1937. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis - arteriosclerotic.	
Hypertension;	Nov 1936
Other contributory causes of importance:	
Arteriosclerosis - cerebral	1917
Hypertension	1926
Senile fracture of femur, Rt. side	1932

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify —

(Signed) L. [illegible] Hamburger M. D.

(Address) 1207 Eutaw Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31699 F 31699

CERTIFICATE OF DEATH

161-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Doris E. Yeager.

(a) Residence: No. 261 Baltimore Ave St., Dundalk, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 27 1936

7. AGE — Years | Months: 2 | Days: 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dundalk Md.

FATHER

13. NAME Charles T. Yeager Jr.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Virginia Perseghin

16. BIRTHPLACE (city or town) (State or country) Hopwell Va

17. INFORMANT (Address) Charles T. Yeager Jr. (Father) 261 Baltimore Ave (Dundalk)

18. BURIAL, CREMATION, OR REMOVAL Place St. Stanislaus Cem. Date Jan. 28 '37

19. UNDERTAKER Frank Della Rocca (Address) 52 N. Fort Ave. Huntingtown Williams, Md.

28 1937 (Filed) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/26 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/24/37 19 to 1/26/37 19

I last saw h[illegible] alive on 1/26/37 19 Death is said to have occurred on the date stated above, at 10 02 p.m.

The principal cause of death and related causes of importance were as follows:

Acute catarrhal Jaundice. — Date of onset 7

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Josiah A. Hunt M. D.

(Address) Md. Gen. Hosp.

B 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31700

CERTIFICATE OF DEATH

107-aF 31700

15-17

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3820 Park Heights St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Francesca De Cola

If U. S. Veteran specify WAR .....

(a) Residence: No. 3820 Park Heights Av St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Onofrio De Cola

6. DATE OF BIRTH (month, day, year) May 12-1849

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
87	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Francesco Rinella

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rosalia Santangaro

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Joseph De Cola

(Address) 3820 Park Heights Av

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 29, 1937

19. UNDERTAKER Frank V. Pepitone

(Address) 2818 E. Baltimore

No. 28 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1936 to Jan 26, 1937

I last saw her alive on Jan 25, 1937 Death is said to have occurred on the date stated above, at 12 noon m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Other contributory causes of importance: Exhaustion	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Luigi D Di Stefano M. D.

(Address) 407 N. Gilmor St

M. D. B 1268-9

31701 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 31701

CERTIFICATE OF DEATH

XV 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 76-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. 9 mos. ..... ds.

If U. S Veteran specify WAR. .....

2. FULL NAME John Simmons

(a) Residence: No. 542 S. 48th Ste. St. ..... Ward. Balto Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah V. Simmons

6. DATE OF BIRTH (month, day, year) Sept. 23-1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sugar Grove Va.

FATHER

13. NAME Mortico Simmons

14. BIRTHPLACE (city or town) (State or country) Va. Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Carroll Simmons

(Address) 542 S. 48th Ste.

18. BURIAL, CREMATION, OR REMOVAL

Place Morelands Mem. Pk. Date 1/29 19 37

19. UNDERTAKER John S. Connelly

(Address) Govans Md.

JAN 28 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26 19 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Example	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

Coroner

(Address) .....

M. D. B 1268-9

F 31702

F 31702 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Marlene Delores Turner

(a) Residence: No. 941 W Fayette St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 5-1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country)

FATHER

13. NAME Theodore Turner

14. BIRTHPLACE (city or town) Baltimore (State or country)

MOTHER

15. MAIDEN NAME Augusta Skinner

16. BIRTHPLACE (city or town) Baltimore (State or country)

17. INFORMANT Augustus Turner

(Address) 941 W Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date 1-28- 1937

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Belnord Ave.

20. FILED Huntington Williams

JAN 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Lobar Pneumonia — Jan 25

1937

Other contributory causes of importance: Acute Leukemia — Jan 1937

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Nothing Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Geo. J. Allen M. D. Coroner

(Address) 30 S. Fayette St.

F 31703

31703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 12-348

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2400 Brentwood St. 42 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S Veteran specify WAR

2. FULL NAME Sarah E. Hall

(a) Residence: No. 2400 Brentwood Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 10 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Lewis Henry

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Hester Bailey

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Irene Randall

(Address) 321 E 23 St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1/28/37

19. UNDERTAKER Rayney Sanders

(Address) 1413 E. Preston St

20. FILED , 19 Registrar

JAN 29 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1937, to Jan 25, 1937

I last saw her alive on Jan 25, 1937 Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza and Pernicious Anaemia.	Dec 1, 1936
Other contributory causes of importance:	some

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. A. Johnson M. D.

(Address) 2329 Pennsylvania Ave.

31704

F 31704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24-107-a

Registered No. 16-24

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1026 N Carey St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Oliver H. Lee

(a) Residence: No. 1026 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Lee

6. DATE OF BIRTH (month, day, year) May 18 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Thomas Lee

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ella Wise

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Thomas Lee

(Address) 1808 N Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Jan 29 19 37

19. UNDERTAKER James A. Hayes

(Address) 142 W Hill St

28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/26/37

22. I HEREBY CERTIFY, That I attended deceased from 11/10/36, 19..., to 1/26/37, 19...

I last saw h... alive on 1/25/37, 19... Death is said to have occurred on the date stated above, at 12:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	5 days
Diabetic - Parenchymatous nephritis	Nov 1936

Other contributory causes of importance:

Was an operation performed? No For what disease or injury? None

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. Guy Gordon M. D.

(Address) 519 N. Carrollton Ave

M. D. B 1268-9

F 31705

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31705

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., H-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Leon R. Roach

(a) Residence: No. Linthicum A.A.Co. Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May. 29, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Linthicum Md.

FATHER

13. NAME Leon R. Roach

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Levera A. Clark

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT Mrs. Clark

(Address) Linthicum Md.

18. BURIAL, CREMATION, OR REMOVAL

Burial Date Jan 28 1937

19. UNDERTAKER Thomas W. Livingston

(Address) Glen Burnie, Md

20. FILED ..... 19 ..... Registrar

JAN 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 27, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diplococcus Meningitis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What was confirmed diagnosis? Lab. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify .....

(Signed) A. K. Bracken, M. D.
Coroner

(Address) 757 N. Wolfe St

M. D. B 1268-9

✓ F 31706

31766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 157-D

1. PLACE OF DEATH West Baltimore General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Dukeland and Pratt St. Ward) 7 11-B

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Maggio

(a) Residence: No. 2020 Hollins St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Infant

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): January 20, 1937

7. AGE: Years | Months | Days: 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ——

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ——

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Vincent Maggio

14. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

MOTHER

15. MAIDEN NAME: Margaret C. Falcone

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT (Address): Dr Riggs West Balto Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL: JOHNS HOPKINS MEDICAL SCHOOL JAN 28 1937 COMMISSIONER OF HEALTH

19. UNDERTAKER (Address): Per H. A. Moore

28 1937 Huntington Williams Mort 2969 12

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/27/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1937 to Jan. 27, 1937.

I last saw her alive on Jan. 27, 1937 Death is said to have occurred on the date stated above, at 6:40 a.m.

The principal cause of death and related causes of importance were as follows:

Congenital Atresia of Common bile Duct

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ed. Riggs M. D.

(Address) West Balto Gen Hosp

31707 ✓ F 31707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 6-H St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Male Baby Eagan

(a) Residence: No. 2030 E. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 15, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sinai Hospital Baltimore Md.

FATHER

13. NAME Albert Andrew Eagan

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Anna Dorothy Dochal

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

JOHNS HOPKINS MEDICAL SCHOOL JAN 28 1937 19

Commissioner of Health

19. UNDERTAKER

(Address) For H. A. Moore

Huntington Williams, Agt.

28 1937 2938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1937 to Jan 27, 1937.

I last saw h. alive on Jan 27, 1937. Death is said to have occurred on the date stated above, at 12 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Status Lymphaticus	
Cyclic Convulsions	
Anemia	

Other contributory causes of importance:

Pneumonia (Con)	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? P.E Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Sidney Liman, M. D.

(Address) Sinai Hospital

F 31708

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31708

CERTIFICATE OF DEATH

Registered No. 23-123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Andrew Taswell (8421)

If U. S. Veteran specify WAR

(a) Residence: No. 928 Bevans St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida

6. DATE OF BIRTH (month, day, year) January 31, 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
41	11	26 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore 907

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Andrew Taswell

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Blue

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date 1/28 1937

19. UNDERTAKER Walter D. Pruit

(Address) 2310 Harlem St.

20. FILED ..... 19..... Registrar.

JAN 28 1937 Lexington Millinery, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1935 to January 26, 1937

I last saw h... im alive on January 26, 1937. Death is said to have occurred on the date stated above, at 1 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	June 1935

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leon H. Feldman M. D.

(Address) Baltimore City Hospitals

31769 HEALTH DEPARTMENT—CITY OF BALTIMORE 31709

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 226 Otterbein St., 2-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Madge Carroll
If U. S. Veteran specify WAR

(a) Residence: No. 226 Otterbein St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

6. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1924

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	13			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Joe Carroll

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Madge Compton

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Cora Gamble
(Address) 226 Otterbein

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 1/31 1937

19. UNDERTAKER Watts B. Lewis & Co
(Address) 139 W. Hamburg St.

20. FILED 19
JAN 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1937 to Jan 25 1937
I last saw her alive on Jan 25. 1937 Death is said to have occurred on the date stated above, at 805 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	
Toxemia	

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? Physical sign Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, (specify) ...

(Signed) H. H. Hampton M.D.
(Address) 501 W. Lanvale St.

F 31710 HEALTH DEPARTMENT—CITY OF BALTIMORE

95-BF 31710

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 W Cross St S. 21-Z Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. 7m mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hannah V Lainhart

If U. S. Veteran specify WAR .....

(a) Residence: No. 1106 W Cross St S., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) Sept 22 - 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Seed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Seed

10. Date deceased last worked at this occupation (month and year) Apl 1929

11. Total time (years) spent in this occupation 17yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jonathan Lainhart

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Sarah McCall

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Lottie Lainhart

(Address) 1106 W Cross St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 29 1937

19. UNDERTAKER Chas E Powell

(Address) 2421 Edmondson Ave

Huntington Wilkins, Registrar.

28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937 to Jan 26, 1937

Last saw her alive on Jan 27, 1937 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	2 mos
Other contributory causes of importance: Arteriosclerosis	
No	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis J Glass M. D.

(Address) 536 Hollins St

F 31711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 F 31711

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baelo General Hospital 3rd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Bossen

(a) Residence: No. 1403 Hanbert St St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word):

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan 26 1937

7. AGE: Years ..... Months ..... Days ..... If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baelo Md

FATHER

13. NAME: John Bossen

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Mary Maskal

16. BIRTHPLACE (city or town) (State or country): Baelo Md

17. INFORMANT: Mr John Bossen

(Address) 1403 Hanbert St

18. BURIAL, CREMATION, OR REMOVAL

Date ..... 19 .....

Place: Sweeny

19. UNDERTAKER: Thomas J Stevens & Son

(Address) 1501 Light St

20. FILED ..... Registrar

Washington, Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-27-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-26-37 at 3:35 p.m. 19..... to 1-27-37 at 12 noon 19..... I last saw h... alive on 1-27-37, 19..... Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

Prematurity

Other contributory causes of importance:

Date of onset

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Nathan Wolf M. D.

(Address) South Baelo Lyon Hospital

31712 # 20344 F 31712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 1-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Amelia Frances Miller

(a) Residence: No. 2217 Gough St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (Deceased) Jacob.

6. DATE OF BIRTH (month, day, year) 5-10-1849

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
87	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Frank Menke

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Fogel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 30 1937

19. UNDERTAKER Mark H. E. Tippett
(Address) 21 S. Amer St.

20. FILED ... 19... Registrar

JAN 29 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-27 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-15 1937 to 1-27 1937

I last saw h[illegible] alive on 1-27 1937 Death is said to have occurred on the date stated above, at 9:55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	3 yr.
Other contributory causes of importance: Ascites	1 yr.

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) [illegible] M. D.

(Address) Balt. City Hosp.

M. D. B. 1268-9

31713

✓ F 31713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 658 W. Franklin St. 17-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louise Dennison

(a) Residence: No. 658 W. Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word): married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Benjamin Dennison

6. DATE OF BIRTH (month, day, year): may 26/1901

7. AGE: Years: 36 | Months: 8 | Days: — 1 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): Jan 1937

11. Total time (years) spent in this occupation: 20 yrs

12. BIRTHPLACE (city or town) (State or country): Waverly Md.

FATHER

13. NAME: Sam. Shepard

14. BIRTHPLACE (city or town) (State or country): Waverly Md.

MOTHER

15. MAIDEN NAME: Rose Dancy

16. BIRTHPLACE (city or town) (State or country): Waverly Md.

17. INFORMANT: Benjamin Dennison
(Address) 658 W. Franklin

18. BURIAL, CREMATION, OR REMOVAL
Place: Georgetown D.C. Date: 1/29/ 1937

19. UNDERTAKER: Mrs. Frances A. Hemsley
(Address) 5 Bill Riddle Ct

20. FILED: 1937 [illegible] Huntington Pittsburgh Va

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1937 to Jan 27, 1937. I last saw h[illegible] alive on Jan 26, 1937. Death is said to have occurred on the date stated above, at 8 A.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset Jan 22/37

Other contributory causes of importance: not known

Name of operation: none Date of: ...

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Richard E Enslinger M. D.
(Address) 514 E. Baltimore Md

M. D. B 1268-9

31714 F 31714

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. 2552

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Francis M. Lowman.

(a) Residence: No. 3300 Annapolis Rd. (Old) St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of Mary E. Lowman.

6. DATE OF BIRTH (month, day, year) February 22, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegraph operator.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Odenton, Md.

MOTHER FATHER

13. NAME Charles M Lowman.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Ella Disney.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Francis M. Lowman. (son)
(Address) 3300 Old Annapolis Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 30 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JAN 28 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 27, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular disease.	
Terminal pneumonia.	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place?

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M Reinhardt Coroner M. D.

1/27/37 (Address) 1017 S. Charles St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

31715 31715

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis J. Wiseman 9-8

(a) Residence: No. 540 E. 22nd St St., ... Ward.

(Usual place of abode) Same (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7 7 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 6017

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigar Maker

10. Date deceased last worked at this occupation (month and year) 5 years ago.

11. Total time (years) spent in this occupation 45/46

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Michael Wiseman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dr John J Wiseman

(Address) Torrance Penna

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan 29 37

19. UNDERTAKER Merriam Cook

(Address) 1217 St Paul Street

JAN 28 1937 Lexington Mortuary

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 1937 to Jan 27 1937

I last saw him alive on Jan 27 1937 Death is said to have occurred on the date stated above, at 8 25/A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Pyonephritis	2 mo
Other contributory causes of importance:	
Auricular fibrillation	?
Chronic Myocarditis	?

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19 ....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank R Stephenson M. D.

(Address) St. Joseph's Hospital

31716 ✓ F 31716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 34-95-3

Registered No. 12-6

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 19 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ---

2. FULL NAME Rodney E. Cook

(a) Residence: No. 3120 R St., N.W., Washington, St. D.C. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cecelia Winters

6. DATE OF BIRTH (month, day, year) November 25, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 60-30

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S.

10. Date deceased last worked at this occupation (month and year) Jan. 6, 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hagerstown (State or country) Md.

FATHER

13. NAME Alexander Cook

14. BIRTHPLACE (city or town) Hagerstown (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Freace

16. BIRTHPLACE (city or town) Hagerstown (State or country) Md.

17. INFORMANT Records, U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Washington, D.C. Date Jan. 28, 1937

19. UNDERTAKER E. Leroy Stuffle, Inc. (Address) 1255 E. North Ave. Baltimore, Md.

28 1937 Washington, D.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 7, 1937 to January 26, 1937

I last saw him alive on January 26, 1937. Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Neoarsphenamine poisoning	1-26-37
Tabo-paresis	Over 2yr
Syphilis, tertiary, cardiovascular	"

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) K K Bryant M. D.

(Address) U.S. Marine Hospital

AACo. 5-31 250B

F 31717

31717

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9-7-459

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 Gorsuch Ave. St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Campbell

(a) Residence: No. 1703 Gorsuch Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 26, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Francis Campbell

14. BIRTHPLACE (city or town) Annapolis, Md.
(State or country)

MOTHER

15. MAIDEN NAME Louise Isabelle Brown

16. BIRTHPLACE (city or town) Annapolis, Md.
(State or country)

17. INFORMANT Francis S Campbell
(Address) 1703 Gorsuch Ave

18. BURIAL, CREMATION, OR REMOVAL Cedar Bluff Cemetery Date Jan 28, 1937

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. FILED Jan 29 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1937 to Jan. 28, 1937

I last saw her alive on Jan. 27, 1937 death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature --- 7½ months	
Other contributory causes of importance:	
Monstrosity	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Joseph V. Castagna M. D.

(Address) 104 N. Madison St.

M. D. B 1268-9

F 31718

31718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ×210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital Ward) 12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. 3 mos. 2 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR ..

2. FULL NAME Ernest Carpick

(a) Residence: No. 7143 Hollelird Ave St. Lundale Md Ward.

(Usual place of abode) PA (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Dec 3-1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Duquesne PA.

FATHER

13. NAME Mike Carpicky

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Margarett Stripay

16. BIRTHPLACE (city or town) (State or country) Clairton PA.

17. INFORMANT Mike Carpicky

(Address) Duquesne PA.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Kair Park Date Jan 28 19 37

19. UNDERTAKER John J Rielda

(Address) 2611 Hudson St

20. FILED ..19.. ..Registrar.

JAN 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-27 19 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..(Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..(Inquest, Autopsy or Inquiry) find that said deceased came to ..death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	1-22-37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ..M. D. Coroner

(Address)

31719

F 31719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 N. Dallas St St. 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 min. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Milton Joyner

(a) Residence: No. 1506 N Dallas St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 28, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Leroy Joyner

14. BIRTHPLACE (city or town) (State or country) Orangeburg S.C.

MOTHER

15. MAIDEN NAME Ethel Sally

16. BIRTHPLACE (city or town) (State or country) Orangeburg S.C.

17. INFORMANT mother

(Address) 1506 N Dallas St

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date JAN 28 1937 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Mopre

20. FILED JAN 28 1937 Registrar.

2911

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw him alive on Jan 28 1937. Death is said to have occurred on the date stated above, at 9:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Circulatory arrest	Jan 28
	Coma

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) M. Kadamy M. D.

(Address) 426 E 23 St.

M. D. B 1268-9

✓ F 31720

31720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 15-3 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR ..... nr War

2. FULL NAME Thomas Fox Visiting

(a) Residence: No. 1126 W. Lombard St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace

6. DATE OF BIRTH (month, day, year) Feb 14 1871

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
65 66	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0640

10. Date deceased last worked at this occupation (month and year) Dec 1/36

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Warren Co. Front Royal Virginia

FATHER

13. NAME Lemley Fox

14. BIRTHPLACE (city or town) (State or country) Warren Co. Va

MOTHER

15. MAIDEN NAME Lucy Fox

16. BIRTHPLACE (city or town) (State or country) Warren Co. Va

17. INFORMANT Mrs Grace A. Fox

(Address) Front Royal Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Front Royal, Va. Date 1/28/ 1937

19. UNDERTAKER Stickley & Mowen Company

(Address) 708 W. North Ave.

28 1937 Huntington Williams By

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. M. Wright M. D.

Coroner

(Address) 1010 S. Elliott Ave

31721 F 31721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) 2-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Antonio Castello (20201) If U. S. Veteran specify WAR

(a) Residence: No. 1710 Thames St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 13, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spain

FATHER

13. NAME Blautorez

14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER

15. MAIDEN NAME Corunia

16. BIRTHPLACE (city or town) (State or country) Spain

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 1-29 1937

19. UNDERTAKER J. J. Zahner & Sons
(Address) 1315 Light St.

20. FILED Huntington Williams
JAN 28 1937 M. C. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 11, 1937 to January 20, 1937

I last saw h[illegible] alive on January 20, 1937 Death is said to have occurred on the date stated above, at 5:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Unknown

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Jim H. Feldman M. D.

(Address) Baltimore City Hospitals

31722 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 31722

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1738 N. WOLFE St. 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ANNA R. LIVINGSTON

If U.S. Veteran specify WAR .....

(a) Residence: No. 1505 N. REGISTER St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	~~NEVER~~ WIDOWED

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of HARVEY R. LIVINGSTON

6. DATE OF BIRTH (month, day, year) FEB. 20. 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. MD

MOTHER FATHER

13. NAME MATTHIAS WEISEL

14. BIRTHPLACE (city or town) (State or country) GERMANY

15. MAIDEN NAME MARY ?

16. BIRTHPLACE (city or town) (State or country) BALTO. MD

17. INFORMANT Mr Andrew Traeger

(Address) 1505 Register St

18. BURIAL, CREMATION, OR REMOVAL

Place BALTIMORE Date JAN. 29 . 1937

19. UNDERTAKER R. W. Peregoy

(Address) 440 E. Lanvale Ave.

20. FILED JAN 28 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN. 26. 1937

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1934 to January 26 1937

I last saw her alive on January 5 1937 Death is said to have occurred on the date stated above, at 7:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/26/37
Other contributory causes of importance:	
Arteriosclerosis	1934
Chronic Myocarditis.	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO.

If so, specify

(Signed) H. Ellen G. Singewald M. D.

(Address) 1613 E. North Ave.

31723 F 31723

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 1829 Aliceanna St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? X yrs. ..... mos. ..... ds.

2. FULL NAME Jacob Bonnet

If U.S Veteran specify WAR .....

(a) Residence: No. 1829 Aliceanna St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	W.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) June 16-1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ditto

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME William Bonnet

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaretta Hoffman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Bonnet
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Jan 29 1937

19. UNDERTAKER Wm. L. Fialkowski
(Address) 2601 Eastern Ave

20. FILED Huntington Williams M.D.
(Registrar)

JAN 8 1937

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26th 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 27th 1936 to Jan 26th 1937

I last saw h[e] alive on Jan 26th 1937. Death is said to have occurred on the date stated above, at 5.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Jan 26
Other contributory causes of importance:	
Arterio Sclerosis	1927

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place? .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Bruce Gregg M. D.

(Address) 1900 Eastern Ave

M. D. F. 1268-9

F 31724

F 31724

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 124-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1913 Bel Air Rd St., 8-4 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas H. McVay

(a) Residence: No. 1913 Bel Air Rd St. Ward. To Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Sarah E McVay

6. DATE OF BIRTH (month, day, year) Oct 29, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Ethel M Bullard

(Address) 1913 Bel Air Rd

18. BURIAL, CREMATION, OR REMOVAL.

Place Parkwood Date Jan 31 37

19. UNDERTAKER Wellington Cook

(Address) 1217 St Paul St Baltimore, Md

Registrar.

FILED JAN 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937, to Jan 28, 1937

I last saw h.. alive on Jan 28, 1937. Death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Chronic Interstitial nephritis

Date of onset

Other contributory causes of importance:

Chronic Arthritis Years

Senility

over

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter A Anderson M. D.

(Address) 1001 Charles St

M. D. F 31725

F 31725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5525 Gwynn Oak Ave Ward 82-W)

Length of residence in city or town where death occurred 10 yrs. ~~unknown~~ How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Thomas Grant Brown

(a) Residence: No. 5525 Gwynn Oak Ave St., ... Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~late wife of~~ E. Gertrude Brown

6. DATE OF BIRTH (month, day, year) Sept 27th 1866

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
70	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager No 80

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Mills

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Finksburg Md

FATHER

13. NAME Joshua T. Brown

14. BIRTHPLACE (city or town) (State or country) Finksburg Md

MOTHER

15. MAIDEN NAME Ellen M. Stockdale

16. BIRTHPLACE (city or town) (State or country) Finksburg Md

17. INFORMANT E. Gertrude Brown

(Address) 5525 Gwynn Oak Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Jan 30th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Filed JAN 28 1937 Huntington Pallbearer. Registrar.

JAN 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27th 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-24- 1937 to 1-27- 1937

I last saw him alive on 1-27- 1937. Death is said to have occurred on the date stated above, at 6 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & hypertension Uraemia	
Other contributory causes of importance:	
Apoplexy	1-24

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Geo. B. Egbert M. D.

(Address) 2807 Harford

AACo. 5-31 250B

31726

E 31726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1847 Dru Hill Ave. St., 44-3 Ward.

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ruth C Hall Reed.

(a) Residence: No. 1847 Dru Hill Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellswood Reed.

6. DATE OF BIRTH (month, day, year) Oct. 14. 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	3	13.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) Aug - 36

11. Total time (years) spent in this occupation 1 1/2

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Carroll Co — Mary land —

13. NAME Levi E Hall —

14. BIRTHPLACE (city or town) (State or country) Carroll Co — Mary land —

15. MAIDEN NAME Katherine Dorsey

16. BIRTHPLACE (city or town) (State or country) Carroll Co Mary land

17. INFORMANT Katherine Hall.
(Address) 1847 Dru Hill ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date June 29th 1937

19. UNDERTAKER Archibald H. Gaddis
(Address) 2101 W. Lanvale St.

29 JUN 1937 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan - 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-/30, 1936, to 1/27, 1937

I last saw h. alive on 1/27 1937 death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	
5 mo.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) David Frankel, M. D.

(Address) 1 W Mt Vernon Pl.

31727

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46B F 31727

Registered No. .....

1. PLACE OF DEATH St. Agnes Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Kirkleigh Rd. Calvert St.) Ward 27-14

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? ....yrs. ....mos. ....ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Alice M. F. Flanagan

(a) Residence: No. Kirkleigh Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept 3-1853

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
83	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER'S MAIDEN NAME

13. NAME Patrick Flanagan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Delaney

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Sister Superior Kirkleigh Rd

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem Date 1/30 1937

19. UNDERTAKER Chas H. Evans & Son (Address) 1600 Eutaw & Royal Av

20. FILED ..... 19..... Registrar.

JAN 29 1937 Huntington Milwaukee, Wis

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-28 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-21-37 to 1-28 1937

I last saw h. alive on 1-27-37 Death is said to have occurred on the date stated above, at 12 38 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Other contributory causes of importance: Malignancy G. I. tract Degeneration of Cardiovascular disease	?

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. F. Carr M. D.

(Address) St. Agnes Hospital

31728 E 31728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4202 Roland Avenue ..... St. 27-14 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME THOMAS STANLEY EDGAR

(a) Residence: No. 4202 Roland Avenue St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Ann Edgar

6. DATE OF BIRTH (month, day, year) Oct. 11, 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6031

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New York City

FATHER

13. NAME Thomas H. Edgar

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Cooder

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Mrs. Katherine Ann Edgar 4202 Roland Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Jan. 30, 19 37

19. UNDERTAKER (Address) Chas F. Ernest & Son 118 W. Mt. Royal ave

JAN 29 1937 1st ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/27/36, 19..., to 1/27/37, 19...

I last saw h. alive on 1/27/37, 19... Death is said to have occurred on the date stated above, at 8:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Interstitial Nephritis	1934
Other contributory causes of importance: acute endocarditis	6 mos

Was an operation performed? no Date of .....

For what disease or injury? ✓

Name of operation ..... Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. W. Gaddess, M. D.

(Address) 321 E 25

31729 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 31729

CERTIFICATE OF DEATH

108

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 Wilhelm St. St., 19-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward H. Koenig

(a) Residence: No. 1812 Wilhelm St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 3, 1933.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Norman A. Koenig

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Anna Mestor

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Norman A. Koenig (Address) 1812 Wilhelm St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Jan 29/37 19

19. UNDERTAKER Harry A. Curtis (Address) 4101 Harrison Ave.

FILED 1/29/37 19 E. E. for Registrar Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 1/28 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/26/37 19 to 1/28/37 19

I last saw him alive on 1/27/37 19 Death is said to have occurred on the date stated above, at 6:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/26/37
Other contributory causes of importance:	Unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Isaac Heller M. D.

(Address) 1225 N Charles St

F 31730

31730

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1306 W. Lombard St. St. 19-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mattie Annie Walton

If U. S. Veteran specify WAR

(a) Residence: No. 1306 W. Lombard St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Thomas Walton

6. DATE OF BIRTH (month, day, year) Aug. 15, 1861.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME William Jones

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Randall

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Arthur V. Snead, (Son)
(Address) Freeland, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Jan. 29, 1937

19. UNDERTAKER Harry A. Tuttle
(Address) 4101 Edmondson Ave.

Filed Jan 29 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1932 to Jan 26, 1937

I last saw her alive on Jan 26, 1937 Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Disease	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Signs & Symptoms. No Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1326 W Lombard St

31731 F 31731 #20544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Edward Harrell

(a) Residence: No. 1126 N. Parrish St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-25-1886 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54 ~~70~~	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) North Carolina
(State or country)

FATHER

13. NAME Harrison

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Records of Balto City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 1/30/37 19

19. UNDERTAKER Williams & Jackson
(Address) 912 Penna ave

FILED JAN 20 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-25 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-23 1937 to 1-25 1937

I last saw him alive on 1-25 1937 Death is said to have occurred on the date stated above, at 6.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Bronchopneumonia (Primary)	2 hrs
Other contributory causes of importance: Arteriosclerotic Heart Disease	Unk

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Rayney M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31732

CERTIFICATE OF DEATH

11-a

F 31732

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 3211

CITY OF BALTIMORE: (No. 3211) Remley St. 25 Ward

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Reynold Middleton

(a) Residence: No. 3211 Remley St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Color	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) July 3 1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chemical Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Bernard Middleton

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Ford

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Elizabeth Middleton - wife

(Address) 3211 Remsby st

18. BURIAL, CREMATION, OR REMOVAL

Mt Lebanon Cemetery Jan 30 1937

19. UNDERTAKER Mrs. Robert A. Elliott - daughter

(Address) 3129 Caroline st

21. FILED JAN 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-27- 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-27- 1937 to 1-27- 1937

I last saw him alive on 1-27- 1937. Death is said to have occurred on the date stated above, at 6:02 m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset 1-23-37

Other contributory causes of importance: Influenza Infection

Was an operation performed? X Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? X

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 1345 Charles

F 31733

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31733

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 Harford Ave. St.) 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emily Cooper

(a) Residence: No. 1008 Harford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank.

6. DATE OF BIRTH (month, day, year) April 8-1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Lynn Barnes son

(Address) 1008 Harford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date Jan 29, 1937

19. UNDERTAKER Mrs. Ella A. Elliott - daughter.

(Address) 1129 Hardin St.

20. FILED Huntington Williams, M.D. 1937

JAN 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-26-37

22. I HEREBY CERTIFY, That I attended deceased from 1/21, 1937, to 1/26, 1937

I last saw her alive on 1/26, 1937. Death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/21/37
Other contributory causes of importance: Influenza	1/18/37

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. R. Blake M. D.

(Address) 924 Fairmount Ave

31734

HEALTH DEPARTMENT—CITY OF BALTIMORE

31734

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 N. Central Ave St., 20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME John Hatcher

(a) Residence: No. 814 N Central Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Edwards Hatcher

6. DATE OF BIRTH (month, day, year) 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Ida E Hatcher

(Address) 804 N. Central Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 1-30- 1937

19. UNDERTAKER Bryant Francis W. Knight

(Address) 2200 Eldersly St

20. FILED JAN 29 1937 19.....

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1937 to Jan 26 1937

I last saw him alive on Jan 26 1937 Death is said to have occurred on the date stated above, at 9.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Other contributory causes of importance: Uremia	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Edward Tasker M. D.

Address 1612 E Monument St

F 31735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 31735

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2213 Etting St. 14-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alexander Rich
If U. S. Veteran specify WAR

(a) Residence: No. 2213 Etting St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah E. Rich

6. DATE OF BIRTH (month, day, year) Aug. 8. 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 0000

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sarah E. Rich
(Address) 2213 Etting St

18. BURIAL, CREMATION, OR REMOVAL
Place Potters Mem. Pk. Date Jan. 29 '37

19. UNDERTAKER Mrs. Geo. N. Hoeland
(Address) 1631 Druid Hill Ave

Huntington Williams, M.D.
Registrar.

29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1936, to Jan 26, 1937

I last saw h— alive on Jan 26, 1937. Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis — Date of onset Unknown

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What tests confirmed diagnosis? Clin. Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —

(Signed) R. Garland Ahrendt, M. D.

(Address) 1534 Druid Hill Ave

Spec.—9-30—A. & Co.—250 Bks.

F 31736

F 31736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH Franklin Square Hospital 16-5 121

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... St ..... Ward)

2-FULL NAME Johannah F. Engell (nee Hauberts)

(a) RESIDENCE NO. 933 N. Bentalou St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Arthur F. Engel

6 DATE OF BIRTH (month, day, and year) July 2nd 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	6	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer ....

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Richard Hauberts

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Mary Smeka

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.
(State or country)

14 Informant Arthur F. Engel
(Address) 933 N. Bentalou St

15 Filed 1-29 1937 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/28/37

17

I HEREBY CERTIFY, That I attended deceased from 1/8/ 1937, to 1/28/ 1937

that I last saw her alive on 1/28/ 1937

and that death occurred, on the date stated above, at 6 20 A m.

The CAUSE OF DEATH* was as follows:

Subphrenic abscess secondary to perforated appendix

(duration) ..... yrs. ..... mos. 20 ds.

CONTRIBUTORY — (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at residence of death? ....

Did an operation precede death? Yes Date of 1/13/37

Was there an autopsy? Yes

What test confirmed diagnosis? ....

(Signed) D. T. Baughman M. D.

1937 (Address) Franklin Sq. Hosp.

*State the disease causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakland Cemetery

DATE OF BURIAL 1/30/37 19

20 UNDERTAKER Geo. Wilson & Son

ADDRESS 2503 Edmondson Ave

F 31737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-aF 31737

1. PLACE OF DEATH Provident Hospital — Registered No. .....

CITY OF BALTIMORE: (No.) 1514 Dunsmire St., (Ward) 4-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Walker — If U.S. Veteran specify WAR .....

(a) Residence: No. 794 Saratoga St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col.	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-24-1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. p46

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) north Carolina

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) James Walker N.C.

MOTHER

15. MAIDEN NAME Sarah Williams

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Charles S. Cooper (Cousin)

(Address) 514 N. Calhoun

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Mem. Park Date 1/31-37 19

19. UNDERTAKER Chas S Cooper

(Address) 514 Calhoun St

FILED N 29 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-27 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-5-0 1936 to 1-27 1937

I last saw him alive on 1-27 1937 Death is said to have occurred on the date stated above, at 1:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	1-24-37
Ruptured Intestines ulcus	12-5-36

Other contributory causes of importance:

Was an operation performed? Yes Date of 12-5-36

For what disease or injury? Ruptured Intestines ulcus

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M Eustace M. D.

(Address) Provident Hospital

31738 F 31738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3226 Fait Ave St., 16-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James E Batchelor

If U.S. Veteran specify WAR ....

(a) Residence: No. 3226 Fait Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Florence E Batchelor

6. DATE OF BIRTH (month, day, year): Jan 22 1887

7. AGE: Years 50; Months ...; Days 7; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Railroader

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Warehouseman

10. Date deceased last worked at this occupation (month and year): Dec 5 1934

11. Total time (years) spent in this occupation: 18.

12. BIRTHPLACE (city or town) (State or country): Balto

MOTHER FATHER

13. NAME: Frank Batchelor

14. BIRTHPLACE (city or town) (State or country): Balto

15. MAIDEN NAME: Mary Spence

16. BIRTHPLACE (city or town) (State or country): Balto

17. INFORMANT: Florence Batchelor

(Address): 3226 Fait Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Olivet Cem Date: 2/1/1937

19. UNDERTAKER: John Ulrich

(Address): 2008 Orleans

29 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1931 to Jan. 28, 1937 last saw him alive on Jan. 25, 1937. Death is said to have occurred on the date stated above, at 6 0 C m.

The principal cause of death and related causes of importance were as follows:

Chronic valvular heart disease — Date of onset: Indefinite

Other contributory causes of importance:

Pulmonary oedema — 1-26-37

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Physical Signs of death Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) D. B. Bronstein M. D.

(Address) 3037 O'Donnell St

F 31739

31739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2512 Greenmount Ave Ward) 3 12-3

Length of residence in city or town where death occurred 66 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rosa M Lauterbach

If U.S. Veteran specify WAR ....

(a) Residence: No. 2512 Greenmount Ave St. ..... Ward. 3

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad Lauterbach

6. DATE OF BIRTH (month, day, year) Jan 12 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	—	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1937

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Fred Altevogt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Dasler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Conrad Lauterbach

(Address) 2512 Greenmount

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Jan 29 1937

19. UNDERTAKER John Ulbrich

(Address) 2008 Nelson St

29 1937 Huntington Williams, H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1937

I HEREBY CERTIFY, That I attended deceased from ..... 1936 to Jan 26 1937

I last saw h[e] alive on Jan 25 1937 Death is said to have occurred on the date stated above, at 7 -a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Jan 22 37
Other contributory causes of importance: Arterio Sclerosis. Chronic Interstitial Nephritis	2

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Alma B Lemmon, M. D.

(Address) 718 N Fork Pkwy.

M. D. B 1268-9

31740 F 31740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 V 183

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pier #4 Pratt St. S. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Wiley

If U. S. Veteran specify WAR .....

(a) Residence: No. 212 N Bond St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) June 4, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Beats Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs E. Lewis

(Address) Veterans Adm

18. BURIAL, CREMATION, OR REMOVAL

Place Natl Cem. Date 1/29 1937

19. UNDERTAKER Frances A Hemsley

(Address) 522 W Biddle St

1937 Huntington Fullerton, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/26, 1937

Where did injury occur? Balto Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Balto Harbor

Manner of injury Probably fell in

Nature of injury Harbor

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas B. Wallace M. D. Coroner

(Address) 1031 St Paul

F 31741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173

1. PLACE OF DEATH 512 Asbury Court — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 17-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Lehman — If U. S. Veteran specify WAR .....

(a) Residence: No. 533 Seminary Court, Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of unknown,

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 40		00	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME unknown.

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Patsy Ricardo,
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date JAN 29 1937, 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Rocco

FILED JAN 29 1937 — 29 1937 — 2945

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) death on the day stated above at about 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet in head and abdomen,	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury Jan 16, 1937

Where did injury occur? 512 Asbury Court
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in house

Manner of injury shot with pistol.

Nature of injury head + abdomen

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Harry Cassard M.D.
Coroner

(Address) 1213 Hanover,

M. D. D. 1268-8

F 31742

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31742

CERTIFICATE OF DEATH

V/31

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., H-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs.....mos.....ds. How long in U. S. If of foreign birth? .....yrs.....mos.....ds.

2. FULL NAME Chas. Spencer

If U. S. Veteran specify WAR .....

(a) Residence: No. 622 W. Fairmount Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Not Known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
About 50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) NotKnown

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date JAN 29 1937, 19

Commissioner of Health

19. UNDERTAKER

(Address) Per H. A. Moore

20. FILED JAN 29 1937, 19 .....

Registrar.

2943

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22, 1937

27. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstital Nephritis	
Chronic Myocarditis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. O. Mullen, M. D.

Coroner

(Address) 325 Lehmann St

31743

M. D. H. 1268-9

F 31743

THE MORG HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 663 W. Saratoga St. St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Coleman

(a) Residence: No. 663 W. Saratoga St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... dod

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER

13. NAME Robert C. Ford

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Gladis Coleman

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT Gladis Coleman
(Address) 663 W. Saratoga

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL JAN 29 1937
Commissioner of Health

19. UNDERTAKER Per M. A. Moore
(Address)

FILED JAN 29 1937 Registrar

2944

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to H6s death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) R. H. Carlson, M. D.
Coroner

(Address) 2757 Mount Pr

4489 F 31744

31744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital St., 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME William Neely

If U. S. Veteran specify WAR

(a) Residence: No. 215 E. 22½ St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married (sep.)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ethel (separated)

6. DATE OF BIRTH (month, day, year): 1869 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Teamster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): N. C.

FATHER

13. NAME: ?

14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date JAN 29 1937

Commissioner of Health

19. UNDERTAKER: Per M. A. Moore

(Address)

20. FILED JAN 29 1937 Registrar 2942

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-10, 1934 to 1-27, 1937

I last saw h.i.M alive on 1-27, 1937 Death is said to have occurred on the date stated above, at 9:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	24 hrs.
Other contributory causes of importance: Cerebral Hemorrhage (Old)	Several yrs.

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John F. Kenney M. D.

(Address) Baltimore City Hosp.

31745 F 31745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers Hospital Ward) 4-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Manosky

If U.S. Veteran specify WAR .....

(a) Residence: No. Millers Island Road St., Ward. .....

(Usual place of abode Sparrows Point) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maryanna Manoski

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Maryanna Manoski

(Address) Millers Island Md

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date Jan 30 19 37

19. UNDERTAKER John F. Welby

(Address) 401 So Chester St

29 1937 Registrar. Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-28 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-26 1937 to 1-28 1937

I last saw him alive on 1-28 1937 Death is said to have occurred on the date stated above, at 2.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 23

Other contributory causes of importance:

Valvular Heart Disease — 2 yrs

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? stethoscope Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. J. Conway M. D.

(Address) Bal. Hospital

F 31746

31746 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

82-a

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Patrick Donnelly

(n) Residence: No. 1200 Valley ST St., ...Ward.....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 1858

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
79 78	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Donnelly

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Annie Larson

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Pauline Asst Superior

(Address) Little Sisters of the Poor

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan 30, 1937

19. UNDERTAKER Rita Wiedefeld

(Address) 914 Greenmount Ave

Washington Funeral Home

Registrar.

20. FILED Jan 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1937 to Jan 28, 1937

I last saw h[im] alive on Jan 27, 1937. Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage	2 wks
Other contributory causes of importance: Hemiplegia left side	2 wks
Arteriosclerosis	3

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [illegible] M. D.

(Address) 114 Harford

M. D. B. 1268-9

31747 HEALTH DEPARTMENT—CITY OF BALTIMORE 31747

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Simmons

(a) Residence: No. Belair Rd. nr. Overton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Simmons

6. DATE OF BIRTH (month, day, year) Jan. 1, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boiler Works

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Mary E. Simmons

(Address) Belair Rd. & Overton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Jan. 30, 1937

19. UNDERTAKER Frederick Funeral Home

(Address) 7401 Belair Road

FILED JAN 29 1937 Huntington Pittsinger, Clk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 27th, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) ....., M. D.

Coroner

(Address) .....

M. D. B. 1268-9

F 31748

HEALTH DEPARTMENT—CITY OF BALTIMORE

31748

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George E. Coxon

(a) Residence: No. 4107 Hamilton Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillie Grabau

6. DATE OF BIRTH (month, day, year) Feb. 6, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brewery

10. Date deceased last worked at this occupation (month and year) Jan. 26, 1937

11. Total time (years) spent in this occupation 3 1/2

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME George E. Coxon

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Louisa Gunther

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Mrs. Lillie Coxon
(Address) 4107 Hamilton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Jan. 30 1937

19. UNDERTAKER Frederick Lorsch & Son
(Address) 7401 Belair Road

29 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 27 1937

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ... M. D.
Coroner
(Address)

M. D. P. 1268-9

F 31749 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124 aF 31749

1. PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Rayner Ave & Dukeland St. Ward 20-E)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. 1 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James E. Parrish

(a) Residence: No. 2436 Frederick Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE Elizabeth D. Humphreys

6. DATE OF BIRTH (month, day, year) Dec 21st 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper Harness = $25.00 wk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Balto. Md.

FATHER

13. NAME Parrish

14. BIRTHPLACE (City or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Margaret Adams

16. BIRTHPLACE (City or town) (State or country) Balto. Md.

17. INFORMANT Evelyn E. Parrish

(Address) 2436 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Fredon Cem. Date 2-1-37 19

19. UNDERTAKER J. B. Stephens & Son

(Address) 30 E. Lafayette Place

20. FILED JAN 29 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8th, 1937, to Jan 28th, 1937

I last saw him alive on Jan 28th 1937. Death is said to have occurred on the date stated above, at 11 55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Glomerular Nephritis	12-27-36
Uremia	1-8-36

Other contributory causes of importance:

Cirrhosis of liver	unknown

Name of operation none Was there an autopsy? yes

What test confirmed diagnosis? Urinalysis, blood chemistry

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Reggie Schochet M. D.

(Address) West Balto. Gen. Hosp.

F 31750

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31750

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 N. Bentalou St. Ward 2

Length of residence in city or town where death occurred Life mos. ..... dys. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... dys.

If U.S. Veteran specify WAR .....

2. FULL NAME Charlotte Richman

(a) Residence: No. 2 N. Bentalou — St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph L. Richman

6. DATE OF BIRTH (month, day, year) Feb. 28-1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Dominica Volpi

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Joseph L. Richman
(Address) 2 N. Bentalou St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 30 1937

19. UNDERTAKER F. B. Hilpert & Son
(Address) 1300 Eutaw Place

JAN 29 1937 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27-1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1936, to Jan 27, 1937

I last saw her alive on Jan 26, 1937. Death is said to have occurred on the date stated above, at 9:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension (Essential)	
Arterio sclerosis dilatation	1-27-37

Other contributory causes of importance:

[redacted] unknown
diabetes mellitus

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Nathan Ramin, M. D.

(Address) 206 S. Gilmor St

HEALTH DEPARTMENT—CITY OF BALTIMORE

31751 F 31751

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 E. 41st St., 9-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 87 yrs. 7 mon. 0 ds. How long in U. S. If of foreign birth? --yrs. --mos. --ds.

2. FULL NAME Laura C. Shutze If U. S. Veteran specify WAR

(a) Residence: No. 613 E. 41st St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: A. D. Shutze

6. DATE OF BIRTH (month, day, year): June 28, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	87	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Thomas G. Buckley

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER

15. MAIDEN NAME: Elizabeth Minnick

16. BIRTHPLACE (city or town) (State or country): ------- Pennsylvania

17. INFORMANT: Mrs. Nellie S. Bond

(Address) 613 E. 41st. Street

18. BURIAL, CREMATION, OR REMOVAL

Place: Green Mount Cem. Date: 1/30 19 37

19. UNDERTAKER: Henry Zh Means & Son

(Address) 505 N. Calvert St.

JAN 29 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1934 to January 28, 1937

I last saw her alive on January 26, 1937. Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1934
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Turner Finney M.D. M. D.

(Address) 3522 Greenmount Avenue

M. D. B 1268-9

F 31752

31752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 194-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hospital 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....da.

2. FULL NAME Pleasanty Brown

If U. S. Veteran specify WAR

(a) Residence: No. St Mary's Co Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1884

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
53	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Mary's Co, Md.

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Good Shepherd Hospital Leonard St

18. BURIAL, CREMATION, OR REMOVAL Place Pasadena Md Date 1/31 1937

19. UNDERTAKER Elmer R. Foltz (Address) Mechanicsville Md

29 1937 Filing Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquest find that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Spine	Abt Jan 27 1937
Lumbar Vertebrae	

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Jan 27 1937

Where did injury occur? La Plata Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury History undetermined

Nature of injury Found on Road

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Geo. S. Allen M. D.

Coroner

(Address) 50 Augusta St

F 31753

31753 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

20615 ✓108

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Marcella Thompson

(a) Residence: No. 703 Dolphin Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leslie Thompson

6. DATE OF BIRTH (month, day, year) 11-15-1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0020

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Wesley Mitchell

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Delia Drake

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Pembroke NC Date Jan 29 1937

19. UNDERTAKER Robt. T. Williams

(Address) 1510 N. Eden St

20. FILED JAN 29 1937 Huntington Williams M

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1937 to Jan 29 1937

I last saw her alive on Jan 29 1937. Death is said to have occurred on the date stated above, at 6.35 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	1-23-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

F 31754

31754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2817 Presbury St., 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Arthur Webb,

(a) Residence: No. 2817 Presbury St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Edith Webb,

6. DATE OF BIRTH (month, day, year) April 28.1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	9	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) Jan. 12. 1937

11. Total time (years) spent in this occupation 40 Yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME Arthur Webb,

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Daugherty,

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Helen Holley,

(Address) 2817 Presbury St.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cem Date FEB 1 19

Place

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave.

29 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 28 193 , 19

I HEREBY CERTIFY, That I attended deceased from Jan 16 1937, to Jan 28 1937.

I last saw h alive on Jan 28 1937. Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — ? — 2 wks

Other contributory causes of importance: Cardio-Vascular

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed) Frederick L. Otten M. D.

(Address) 2827 W Calvert St

M. D. B. 1268-9

F 31755

31755

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 Race St. 23-3 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gertrude B. Miller

(a) Residence: No. 1609 Race St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter H. Miller

6. DATE OF BIRTH (month, day, year) Aug. 10, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Louis Bergman

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emily Bergman

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Walter H. Miller

(Address) 1609 Race St. (Husband)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date Feb. 1 1937

19. UNDERTAKER Arthur Evans

(Address) 1400 W. Lafayette Ave

20. FILED JAN 29 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 29. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17 1937 to Jan. 29 1937

I last saw HER alive on Jan. 28 1937. Death is said to have occurred on the date stated above, at 2:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/17/37
Other contributory causes of importance:	
Exhaustion	1/28/37

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. L. Campbell M. D.

(Address) 164 Hanover St. 1/29/37

M. D. B. 1268-9

F 31756

31756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 Light St. 24-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John S. Hale

(a) Residence: No. 1523 Light St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha E Hale

6. DATE OF BIRTH (month, day, year) June 30, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman 1st

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fire Dept.

10. Date deceased last worked at this occupation (month and year) Dec 1934

11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) (State or country) York, Pa.

FATHER

13. NAME Charles S. Hale

14. BIRTHPLACE (city or town) (State or country) York, Pa.

MOTHER

15. MAIDEN NAME Martha Ann Gruett

16. BIRTHPLACE (city or town) (State or country) York, Pa.

17. INFORMANT Martha E. Hale (Wife)
(Address) 1523 Light St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan. 30 1937

19. UNDERTAKER A. Bernard Evans
(Address) 1410-12 Pitcher St.
Huntington Pittsburgh, Pa.

29 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1934, to Jan 27, 1937

I last saw h.. alive on Jan 26, 1937 Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1934
Myocarditis	1934
Chronic Nephritis	1934
Other contributory causes of importance: Pneumonia Edema	1/25/37

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Alden Kolb, M. D.

(Address) 1620 Mt. Ave

Cor.—12-9-25—A Co.—200 Bks.

F 31757

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31757

CERTIFICATE OF DEATH.

186-a

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St., 8-3 Ward)

2-FULL NAME Thomas McKenzie

(a) RESIDENCE NO. 2528 E. Biddle St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary McKenzie

6 DATE OF BIRTH (month, day, and year) Feb. 17, 1888

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	38	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bridgeworker

(b) General nature of industry, business, or establishment in which employed (or employer) Const

(c) Name of employer

9 BIRTHPLACE (city or town) Bucks Md

(State or country)

PARENTS

10 NAME OF FATHER Thomas O McKenzie

11 BIRTHPLACE OF FATHER (city or town) ____

(State or country) Bucks Md

12 MAIDEN NAME OF MOTHER Lillian Jenkins

13 BIRTHPLACE OF MOTHER (city or town) ____

(State or country) W. Va

14 Informant Lillian McKenzie

(Address) 2528 E. Biddle St

15 1937 Wm. J. Williams M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 26 1937

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushing Fracture of 9th & 11th Dorsal Vertebrae with section of cord. 10/5

Fr. Left femur (oblique)

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia Pyonephrosis

(duration) ____ yrs. ____ mos. 3 ds.

(Signed) Chas B. Wallace M. D.

(Coroner)

19 (Address) 1031 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death? Guilford

Fell off Bridge (fell 40 ft.) while at work

Former or usual residence ____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodland Park Date of Burial Jan 30 1937

ADDRESS

20 UNDERTAKER William J. Schaffer

ADDRESS 1800 Monroe

M. D. F. 1268-9

F 31758

31758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 E 25th St. 12-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie A Jackins

(a) Residence: No. 102 E 25th St St., ... Ward. No Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry E Jackins

6. DATE OF BIRTH (month, day, year) July 1. 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Jan 1937

11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Wilson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Sara Jacobs

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs M Wilson (Address) 102 E 25th St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 2/ 1937

19. UNDERTAKER Fellows & Son (Address) 319 N Fremont St

Filed JAN 30 1937 Registered No. 2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29 1937

22. I HEREBY CERTIFY, That I attended deceased from December 23 1936 to Jan 28 1937

I last saw her alive on Jan 28 1937. Death is said to have occurred on the date stated above, at 2 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Liver	?

Other contributory causes of importance: —

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Milnor S. Owen M. D.

(Address) 2827 E Eager St

M. D. B. 1268-9

31759

F 31759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 7-H Ward)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louise Bowings

(a) Residence: No. 920 N. Chester St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ——— ——— ———

6. DATE OF BIRTH (month, day, year) Sept. 5 1924

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	12	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Walnut Point Va.

FATHER

13. NAME Lester Bowings

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Louise Bramble

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Lester Bowings

(Address) 920 N. Chester St.

18. BURIAL, CREMATION, OR REMOVAL

Place Johnsville Md Date Feb 1st 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Williams & Co Registrar

FEB 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/29/ 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry found that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Otitis Media	

Other contributory causes of importance:

Cerebral Meningitis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul J. Schenken, M. D.
Coroner

(Address) 1719 E. North Ave.

M. D. B. 1268-9

F 31760

31760 HEALTH DEPARTMENT—CITY OF BALTIMORE

11-a

CERTIFICATE OF DEATH

Registered No. 9-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 662 E 35th St., Ward)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James T Snyder

(a) Residence: No. 662 E 35th St., Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or WIFE of): the late Louise Snyder

6. DATE OF BIRTH (month, day, year): July 6 1863

7. AGE: Years 73; Months 6; Days 23; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shipping clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Butler Bros.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Graham Snyder

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Dont know.

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: John E Snyder

(Address) 5 Broadchip Rd Dundalk

18. BURIAL, CREMATION, OR REMOVAL

Place: Moreland Park Date: Feb 1st 1937

19. UNDERTAKER: Tom Cook

(Address) 1217 E Paul St.

Huntington Williams Co

20. FILED 0 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/28 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1937 to Jan 28 1937

I last saw him alive on Jan 28 1937 Death is said to have occurred on the date stated above, at 3:25 p. m.

The principal cause of death and related causes of importance were as follows:

Influenza — Date of onset Jan 18 1937

Other contributory causes of importance: Bronchial Pneumonia — Jan 21 1937

Name of operation: None — Date of:

What test confirmed diagnosis: Clinical History — Was an autopsy held?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. L. Richard M. D.

(Address) 1201 E Paul St

31761 E 31761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 50 19623

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veter... specify WAR No Record

2. FULL NAME Annie Marie Gerrell

(a) Residence: No. 1909 Boone St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Separated

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Garrell

6. DATE OF BIRTH (month, day, year) 11-22-1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attendent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School

10. Date deceased last worked at this occupation (month and year) 12/31/36

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Robert Riley

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Virginia Myers

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Jan 30th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED JAN 30 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-27 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-19 1936 to 1-27 1937

I last saw ... alive on 1-27 1937 Death is said to have occurred on the date stated above, at 6 25 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of right breast c Metastasis to lungs — Date of onset 8 mos.

Other contributory causes of importance: Anemia 6 mos.

Was an operation performed? yes. Another hosp-12 For what disease or injury? Amputation of Breast for Carcinoma

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, ...

(Signed) W. Hoover M. D.

(Address) Bal. City Hosp.

M. D. H 1268-9

Scribura ✓

F 31762 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31762

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Salvation Army

CITY OF BALTIMORE: (No. Acquith Near Fayette St. 5-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Adam Scribura

(a) Residence: No. Acquith Near Fayette St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
Adult 60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown (?)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (?)

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT J. F. Fahey & Sons (Address) 1318 Light St

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Date 1-30 1937

19. UNDERTAKER J. F. Fahey & Sons (Address) 1318 Light St

20. FILED JAN 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-26 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy, or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schenker Coroner M. D.

(Address) 1719 E. Northern

M. D. B. 1268-9

✓ F 31763

3176 S

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1083 W Fayette St. 18 ✓ Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Chas. Moulton

(a) Residence: No. 1083 Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col'd	Mar.

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Elizabeth Moulton

6. DATE OF BIRTH (month, day, year) June 12 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Essex Co Va

FATHER

13. NAME Leo Moulton

14. BIRTHPLACE (city or town) (State or country) St. Mary's Md

MOTHER

15. MAIDEN NAME Henrietta Chandler

16. BIRTHPLACE (city or town) (State or country) Essex Co. Va

17. INFORMANT Elizabeth Moulton
(Address) 1083 Fayette

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Jan 30, 1937

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St.

20. FILED ..... 19 .....

JAN 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1937 to Jan 26, 1937

I last saw h... alive on Jan 26 1937. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Organic Disease of Heart	?
Other contributory causes of importance: Pulmonary Oedema	6 dys

Name of operation ..... Date of No

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Hoover Jr M. D.

(Address) 939 N Fairfax Ave

F 31764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 31764

1. PLACE OF DEATH Provident Hospital 8-1133 Registered No.

CITY OF BALTIMORE: (No. 1514 Pennsylvania St. 5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..da.

2. FULL NAME Mabel Baker If U.S. Veteran specify WAR ....

(a) Residence: No. 108 W. Fremont Lane St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 30, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	30	2	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Co?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Washington

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Lessie Brooks

(Address) 1043 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lin Date Feb 2, 37

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 S Schroeder St.

20. FILED 1937 Clinton Phillaver, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-4, 1936 to 1-28, 1937

I last saw her alive on 1-28, 1937. Death is said to have occurred on the date stated above, at 5.30 a.m.

The principal cause of death and related causes of importance were as follows: Date of onset

Generalized Peritonitis

Puerperal abscess

Other contributory causes of importance:

Was an operation performed? Yes Date of 1-22-37

For what disease or injury? Yes

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Nelson M. D.

(Address) Provident Hosp

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31765

CERTIFICATE OF DEATH

8 F 31765

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hos. St. 4-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Aron Lipscomb

(a) Residence: No. 762 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colred	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fanny

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. dock

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Fanny Lipscomb
(Address) 962½ Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Jan 30, 1937

19. UNDERTAKER Elroy O Wilson
(Address) 1000 W Lanvale Ave

N. 2nd 1937 Huntington Pittsburgh

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
2nd degree burns face, both arms chest legs.	
Other contributory causes of importance;	
Was an operation performed? Date of	
For what disease or injury?	
Name of operation Date of	
What test confirmed diagnosis? Was there an autopsy?	

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Jan 24 1937
Where did injury occur? Baltimore (Md.)
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place at home - 762 W. Saratoga St.
Manner of injury exploding oil heater
Nature of injury Burns.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
Coroner
(Address) 1010 S. Wolfe St.

31766 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 31766

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1002 S. Conkling St. St. No-9 Ward)

Length of residence in city or town where death occurred 72 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Klingler

If U.S. Veteran specify WAR ....

(a) Residence: No. 1002 S. Conkling St St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Klingler

6. DATE OF BIRTH (month, day, year) May 21, 1864.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) At Sea.

FATHER

13. NAME Henry Fritz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Carrie Genner
(Address) 3701 Fait Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date Jan. 31 1937

19. UNDERTAKER George W. Zirkler
(Address) 1937 Eagle St.

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 11.19.34 . 19 . to Jan. 27.37 . 19 .

I last saw her alive on 1.26.37 . 19 . Death is said to have occurred on the date stated above, at 11.20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
	about
Mitral Insufficiency	3 yrs.
Other contributory causes of importance:	
Influenza	5 days

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Philip J. Fowler M. D.

(Address) 1432 Williams St

F 31767 ✓ F 31767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 S. Baylis St. 16-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna E. Hoerger

If U.S. Veteran specify WAR .....

(a) Residence: No. 901 S. Baylis St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest J. Hoerger

6. DATE OF BIRTH (month, day, year) April 10 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs. Wm. H. Blinkenie

(Address) 901 S. Baylis St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem. Date Feb 1 1937

19. UNDERTAKER George W. Zurkler.

(Address) 1737 E. Fayette St

20. FILED JAN 30 1937 Wilkerson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1937 to Jan 28 1937

I last saw her alive on Jan 28 1937. Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis - Hypostasis	1937
Cerebral Hemorrhage	
Jan 28 -	1937

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward J. Kaufman M. D.

(Address) 3507 Fait Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

768

F 31768

95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton Ave St. 25-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 29 yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Lentz Sr.

If U.S. Veteran specify WAR .....

(a) Residence: No. 4118 Olmstead St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~): Agnes Lentz

7. DATE OF BIRTH (month, day, year): March 10-1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	10	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Bohemia

13. NAME Ignasia .....

14. BIRTHPLACE (city or town) (State or country): Bohemia

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country): Bohemia

17. INFORMANT Andrew Lentz

(Address) 4118 Olmstead St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross R.C. Date Feb 1 1937

19. UNDERTAKER W. L. Fialkowski

(Address) 2002 Eastern Ave

20. FILED 19 ..... Registrar.

0 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 29. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28. 1937. to Jan. 29. 1937

I last saw h.. alive on Jan 29. 1937 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchopneumonia	1-26-37
Degenerative Arteriosclerotic	?
Cardiovascular Disease & Decomp.	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Laurence J. Shimanek M. D.

(Address) St. Agnes Hospital

31769

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31769

CERTIFICATE OF DEATH

93-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4112 Hayward Ave 28-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Henry Reter

(a) Residence: No. 4112 Hayward Ave. Ward.

(Casual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel May Reter

6. DATE OF BIRTH (month, day, year) June 6, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
62 61	7	23		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) Jan. 1931

11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (city or town) (State or country) Baltimore Co., Maryland

FATHER

13. NAME George F Reter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Sins

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Henry Reter

(Address) 4112 Hayward Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion - Freeland Date Jan 31, 1931

19. UNDERTAKER Wm. C. Brooks & Son

(Address) Sparks Md

JAN 30 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-29-, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931, to Jan 29, 1931

I last saw him alive on Jan 28, 1931 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. E. Nichols, M. D.

(Address) Pikesville Md

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1770 8 F 31770

Registered No.

1. PLACE OF DEATH — Curtis Bay — 25-5

CITY OF BALTIMORE: (No. 1517 Olmstead St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 7 mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry George Stammer — If U.S. Veteran specify WAR

(a) Residence: No. 1517 Olmstead St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

7. DATE OF BIRTH (month, day, year) June 13, 1932

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	7	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Henry P. Stammer

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sophie Margetinec

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Henry P. Stammer
(Address) 1517 Olmstead St.,

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Feb. 1, 1937

19. UNDERTAKER Leonard P. Looney
(Address) 715 Light St.

JAN 30 1937

Filed Feb. 1, 1937 Wellington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1937 to Jan 29, 1937

I last saw h[illegible] alive on Jan 28, 1937 Death is said to have occurred on the date stated above, at 11.[illegible] Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/19/37
Toxic Fever	1/20/37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

Lawrence R. Sena M. D.
(Address) 104 W. Madison St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1771 — F 31771 — 11-B — 5-8

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2607 Allendale Road St. ..... Ward)

Length of residence in city or town where death occurred 72 yrs. 6 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Bauer — If U.S. Veteran specify WAR .....

(a) Residence: No. 2607 Allendale Road St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Minnie Bauer

6. DATE OF BIRTH (month, day, year) July 12, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

MOTHER'S FATHER'S

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): Not Known

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT (Address): Albert Bauer (Son) 2607 Allendale Road

18. BURIAL, CREMATION, OR REMOVAL — Place: Oak Lawn — Date: Jan. 30, 1937

19. UNDERTAKER (Address): John J. Deegan 715 Light St.

20. FILED: JAN 30 1937 — [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 28, 1937.

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1937 to Jan 28 1937. I last saw him alive on Jan 27 1937. Death is said to have occurred on the date stated above, at 5 P. M.

The principal cause of death and related causes of importance were as follows: Cardiac thrombosis — Duration 4 days

Other contributory causes of importance: Grippe — 1/23/37; Arteriosclerosis — 10 — 1938

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? clinical — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, how? ...

(Signed) J. F. Hayburn, M. D.

(Address) 1 E. Randall

F 31772

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31772

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4006 Penhurst Ave. 15-10 Ward)

Length of residence in city or town where death occurred 57 yrs. 11 mos. 6 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Frank Brown Warfield

If U.S. Veteran specify WAR None

(a) Residence: No. 4006 Penhurst Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Georgia Agnes Warfield

6. DATE OF BIRTH (month, day, year) Feby 22 - 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Durrat Warfield

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

15. MAIDEN NAME Minnie Grenell

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Mrs. Georgia L. Warfield

(Address) 4006 Penhurst Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Febry 1937

19. UNDERTAKER Wm. Siegmund Sons

(Address) North Ave

20. [illegible] Huntington Baltimore Md

30 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 28. 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 4 1936 to 1-28- 1937

last saw him alive on 1-28 1937. Death is said to have occurred on the date stated above, at 830P m.

The principal cause of death and related causes of importance were as follows:

a. Coronary Thrombosis — Date of onset 11-4-36

Other contributory causes of importance:

Arterio Sclerosis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Howard Kelly Warner M. D.

(Address) 2034 Garrison Blvd.

M. D. F. 1268-9

F 31773

31773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH West Baltimore General Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 27-17 Ward .....)

Length of residence in city or town where death occurred 5 yrs. 5 mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arthur B. Dotterer

(a) Residence: No. 2906 Woodland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced. (write the word): Single

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Aug-27-1931

7. AGE: Years 5 | Months 5 | Days 1 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Balto. Maryland

FATHER

13. NAME: David B. Dotterer

14. BIRTHPLACE (city or town) (State or country): Frederick Co. Md.

MOTHER

15. MAIDEN NAME: Alice T. Taylor

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: David B. Dotterer
(Address): 2906 Woodland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Woodlawn Date 1-30-37

18. UNDERTAKER: Stewart Mortuary Co.
(Address): 18 W. Mosher

JAN 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 28th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9th 1937 to Jan 28th 1937

I last saw him alive on Jan. 28th 1937 Death is said to have occurred on the date stated above, at 9:30 A m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 1-7-37

Other contributory causes of importance:

Bilateral otitis media — 12-28-36

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Milton Levin, M. D.

(Address) W. B. & H.

F 31774

31774

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2414 Ken Oak Road St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR none

2. FULL NAME Margaret Mary Dwyer Voisinet

(a) Residence: No. 2414 Ken Oak Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of O. E. Voisinet

6. DATE OF BIRTH (month, day, year) April 30 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Dwyer

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Julia Hanly

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT O. E. Voisinet
(Address) 2414 Ken Oak Road

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 2/1 1937

19. UNDERTAKER C. Vernon Lemmon
(Address) 2611 Park Heights Ave.

Huntington Pharmacy

30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/29 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 18 1936 to 1/29/37 1937

I last saw her alive on 1/29/37 19 . Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure -	1/29/37
chronic myocarditis	April 1936
Other contributory causes of importance:	
Emphysema - Bronchitis.	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Phy. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) Louis F. Krumm M. D.

(Address) 722 No. Linwood Ave.

F 31775

31775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V/31

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 Division St., 17-2 Ward)

Length of residence in city or town where death occurred 61 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Maude R. Gross

(a) Residence: No. 1308 Division St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	C	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Leon Gross

6. DATE OF BIRTH (month, day, year) 3-17-1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook 0021

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME Josiah Johnson

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Caroline Pratt

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Joseph M Johnson

(Address) 1708 Lorraine st

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 1-31 1937

19. UNDERTAKER T. J. Gibson

(Address) 1358 W Pratt st

Huntington Williams

JAN 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/28/1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1937, to Jan 28, 1937

I last saw h.. alive on Jan 28, 1937. Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1935

Other contributory causes of importance: Cardio vascular disease

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? urinalysis Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H S McCard M. D.

(Address) 2029 Druid Hill Ave

F 31776 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31776

CERTIFICATE OF DEATH

167 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 Poplar Grove St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Florence G. Rogers

(a) Residence: No. 1006 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 21, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Red Cross and W.P.A. Project 0009

10. Date deceased last worked at this occupation (month and year) Jan. 28, 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME George H. Rogers

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Mary E. Lurty

16. BIRTHPLACE (city or town) (State or country) St. Marys County Maryland

17. INFORMANT Mr. Charles R. Rogers
(Address) 1006 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Jan. 30, 1937

19. UNDERTAKER Robert J. Cooke
(Address) 1003 W. Baltimore St.

20. FILED Huntington Williams, M.D.

JAN 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1937, to Jan 28, 1937. I last saw her alive on Jan 28, 1937. Death is said to have occurred on the date stated above, at 7.45P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 22 1937
Other contributory causes of importance: None	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Phys. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. W. Billups, M. D.

(Address) 2224 W. North Ave.

F 31777

324339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 F 31777

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Frank Waters

(a) Residence: No. 309 S. Fremont Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliz.

6. DATE OF BIRTH (month, day, year) ? 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Albert Waters

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Alhumont Date 1/30 1937

19. UNDERTAKER Walter B. Sapp
(Address) 139 W. Newton St

20. FILED 1937 Huntington Pittman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24 1937 to Jan. 26 1937

I last saw him alive on Jan. 26 1937 Death is said to have occurred on the date stated above, at 9.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs, - far advanced	(1 mo ago)

Other contributory causes of importance:

Emphysema

Arteriosclerosis

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis Sputum Exam was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Palmer H. Fletcher M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1208-B

31778 F 31778

31778 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4121 Forrest Park Ave St. 28-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 40 yrs. ..... mos. ..... ds.

2. FULL NAME Yetta Zolontz

(a) Residence: No. 4121 Forrest Park Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel G. Blumenfeld

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 0037

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Hershel Steiner

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ada Steiner

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wm. Gorett — (Address) 20 E. Lexington St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Cem Date 1/31 1937

19. UNDERTAKER Jack Lewis Inc (Address) 1439 E. Baltimore St

20. Date 1937 Huntington Williamsport

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 28 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19 1937 to Jan 28 1937

I last saw h.. alive on Jan 25 1937 Death is said to have occurred on the date stated above, at 9:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	1-18-37
Arteriosclerosis	?

Other contributory causes of importance:

Cerebral hemorrhage

Name of operation. None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — 19.....

Where did Injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Benjamin Kadrie M. D.

(Address) 2306 Eutaw Place

F 31779

31779

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital (St.) 27-17 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Mark Berngartt

If U.S. Veteran specify WAR

(a) Residence: No. 3009 Oakley Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Rosa

6. DATE OF BIRTH (month, day, year): 1858

7. AGE: Years 79 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Re Shoeing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Merchant 0034

10. Date deceased last worked at this occupation (munth and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Chaim B. Berngartt

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Goldie

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Maurice Bergartt

(Address) 3900 Boarman Ave

18. BURIAL, CREMATION, OR REMOVAL: Date 1/31/37, 19

Place: Bet Olam

19. UNDERTAKER: A. H. Johns Sons

(Address) 1922 E. Baltimore St

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1937, to Jan. 29, 1937.

I last saw him alive on Jan. 29, 1937. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-18-37
Bronchopneumonia (pneumococcus IV)	1-18-37
Hypertension	
Arteriosclerosis, generalized	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard Lidman M. D.

(Address) Sinai Hospital

F 31780

31780 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

94a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St., 13-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Peregoff
If U.S. Veteran specify WAR .....

(a) Residence: No. 2266 Brookfield Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Olga Peregoff

6. DATE OF BIRTH (month, day, year) 1877

7. AGE: Years 60; Months; Days; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Store
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Merchandise
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 0045

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Hyman S. Peregoff
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Blumps
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Olga Peregoff 2266 Brookfield Ave
18. BURIAL, CREMATION, OR REMOVAL Place Shaw Rosedale Date 1-31- 37
19. UNDERTAKER (Address) Jack Lewis Inc 1439 E. Balto. St

0 1937 ..... 19 ..... Huntington Ave, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1936, to Jan. 29, 1937.
I last saw him alive on Jan. 29, 1937. Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1-29-37
Coronary Sclerosis	
Angina Pectoris	
Chronic Myocarditis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....
For what disease or injury? .....
What test confi med diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Bernard Lidsky M. D.
(Address) Sinai Hospital

F 31781

F 31781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-e

Registered No. 13-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. Lifetime Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Monie Adelsdorf

If U.S. Veteran specify WAR ...

(a) Residence: No. Emersonian Apts. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jany. 22, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jos. Adelsdorf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Carrie Elick

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. A. Schoenemann

(Address) Emersonian Apts.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Balto. Heb. Cem. Date Feby. 1, 1937

19. UNDERTAKER David Goodwin & Son

(Address) 1902 Eutaw Place

20. FILED ... Registrar

30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1936, to Jan. 30, 1937.

I last saw him alive on Jan. 30, 1937. Death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	1932
Chronic myocarditis	1932
Cardiac failure	1-30-37

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Bernard Lidman, M. D.

(Address) Sinai Hospital

F 31782

1782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-C

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospt St., 14-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME William Thornhill

(a) Residence: No. 1910 Linden Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotte B Thornhill

6. DATE OF BIRTH (month, day, year) Feb 18-1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement Finisher 0083

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

MOTHER FATHER

13. NAME John Thornhill

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Sanders

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Charlotte B Thornhill
(Address) 1910 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL Greenland Date 1-30 1937

19. UNDERTAKER Leonard Hartleb
(Address) 5305 Harford Rd

20. FILED JAN 30 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14 1936 to January 27 1937 I last saw h[illegible] alive on January 25 1937 Death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchogenic carcinoma	Oct.

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? No

What test confirmed diagnosis? X ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Paul Schonfeld M. D.

(Address) University Hospital

31783

HEALTH DEPARTMENT—CITY OF BALTIMORE

31783

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2405 Hamilton St., W. 6)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henrietta J. Rollison

If U. S. Veteran specify WAR

(a) Residence: No. 2405 Hamilton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	W	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Perry G. Rollison

6. DATE OF BIRTH (month, day, year) Nov. 1-1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Schuyer

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Rachel Barnett

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Rachael Knight.

(Address) 2405 Hamilton St.

18. BURIAL, CREMATION, OR REMOVAL Place Pinkwood Date 2/1/37, 19

19. UNDERTAKER Leonard Myers

(Address) 2305 Harford Rd

20. FILED FEB 1 1937, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 19 37 to 1/28/37, 19

I last saw her alive on 1/25, 19 37. Death is said to have occurred on the date stated above, at 4:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis (Major)	
Hypertension	

Other contributory causes of importance:

Cardiac Decompensation

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Hyden Rollins M. D.

(Address) 5103 Harford Rd

F 31784

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31784

93-c

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1097 Carey St., 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. If U. S. Veteran specify WAR ...

2. FULL NAME Stella Wallace Baron Jackson

(a) Residence: No. 1097 Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Woman	C.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wife

6. DATE OF BIRTH (month, day, year) June 24 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert County Md

FATHER

13. NAME Aaron Wallace

14. BIRTHPLACE (city or town) (State or country) Calvert County Md.

MOTHER

15. MAIDEN NAME Diana Spragge

16. BIRTHPLACE (city or town) (State or country) Calvert County Md.

17. INFORMANT Claudenia Bailey

(Address) 547 W. Conway St

18. BURIAL, CREMATION, OR REMOVAL

Place Calvert County Date Jan 31, 1937

19. UNDERTAKER Jos. Sparks Estate

(Address) Washington Blvd & Fulton Ave

20. FILED JAN 30 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 5 1936 to Jan 28 1937

I last saw him alive on Jan 28 1937. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 28 1937
Arteriosclerosis	1926

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Signed Wm. Fuller Finch, M. D.

(Address) 1525 Eutaw Pl.

N 30 1937

31785 D.K. Paul Rhenby, M.D. F 31785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 × 188

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 12 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harvey Reed

If U.S. Veteran specify WAR

(a) Residence: No. Sykesville St., Ward. Carroll County, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 1, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sykesville Virginia

FATHER

13. NAME James Reed

14. BIRTHPLACE (city or town) (State or country) Sykesville Virginia

MOTHER

15. MAIDEN NAME Elizabeth Dunkin

16. BIRTHPLACE (city or town) (State or country) Sykesville Virginia

17. INFORMANT (Address) Church Home & Infirmary

18. BURIAL, CREMATION, OR REMOVAL Place Christiansburg Date Feb 1 1937

19. UNDERTAKER (Address) W.E. Fahrney New Market Md

19 [illegible]

N 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 30. 1937

22. I HEREBY CERTIFY, That I attended deceased from December 1. 1936. to January 30. 1937.

I last saw him alive on January 29. 1937 Death is said to have occurred on the date stated above, at 4 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of right femur	7/31/36
Staphylococcus albus infection	1/16/37

Other contributory causes of importance:

Chronic myocarditis

Was an operation performed? Yes Date of 12/24/36

For what disease or injury? Fracture of femur right - ? ascending of gangrene

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh C Ingersoll M. D.

(Address) Church Home & Infirmary

31786 E 31786

HEALTH DEPARTMENT—CITY OF BALTIMORE

31786 X V/114-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 10-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 26 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Arthur DeFressine

If U. S. Veteran specify WAR ....

(a) Residence: No. Berlin Route 2, St. Ocean City, Md. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Ludlaw

6. DATE OF BIRTH (month, day, year) March 7, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Groom

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Jersey City (State or country) N.J.

FATHER

13. NAME Charlie DeFressine

14. BIRTHPLACE (city or town) Jersey City (State or country) N.J.

MOTHER

15. MAIDEN NAME Nellie Mack

16. BIRTHPLACE (city or town) Jersey City (State or country) N.J.

17. INFORMANT Records, U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Ocean City Md Date 1/30 1937

19. UNDERTAKER Robert Brooks & Son (Address) Calhoun & Hollins sts

20. FILED ..... 19.....

JAN 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 3, 1937 to January 29, 1937

I last saw him alive on January 29, 1937. Death is said to have occurred on the date stated above, at 3:50A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene, left lung	Nov. 1936
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? P.M.s Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) T. B. H. Devereux, M. D.

(Address) U.S. Marine Hospital

31787 F 31787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Hospital St. 4-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Walsh Jr. If U.S. Veteran specify WAR .....

(a) Residence: No. Cumberland Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) March 31-1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	9	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cumberland Md

FATHER

13. NAME Wm E Walsh

14. BIRTHPLACE (city or town) (State or country) Cumberland, Md

MOTHER

15. MAIDEN NAME Mary Corcoran

16. BIRTHPLACE (city or town) (State or country) Louisiana

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cumberland Md Date Jan 30, 1931

19. UNDERTAKER J. H. Sinclair & Sons
(Address) 1 E Fa

JAN 30 1931 Livingston Phillips, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1931 to Jan 30, 1931

I last saw him alive on Jan 30, 1931. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia (Left)	1-18-31
Other contributory causes of importance: Pneumococcic septicemia	1-26-31

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Edward B Mayo M. D.

(Address) Union Hospital

AdCo. 5-11 250B

31788

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31788

CERTIFICATE OF DEATH

1088

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1539 Argyle Av St. 14-2 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry W. Ebb

(a) Residence: No. 1539 Argyle Av St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Dec 22 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0065

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Teacher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James Ebb

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Collins

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary Turner

(Address) 2428 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Date 1/31 1937

19. UNDERTAKER Saml. M. Blair & Son

(Address) 638 N. Eutaw

20. FILED JAN 31 1937 Huntington Tillman, MD
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 21 1936 to Jan 28 1937

I last saw him alive on Jan 28 1937 death is said to have occurred on the date stated above, at 930 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-21-37

Other contributory causes of importance: Cardio Vascular Renal Disease — 7 — 1

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D B Hughes M.D.

(Address) 1413 Druid Hill Ave

M. D. B 1268-2

F 31789

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31789

CERTIFICATE OF DEATH

107-A

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital Ward) 3-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ..... How long in U. S. If of foreign birth 45 yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah Rosenkoff

(a) Residence: No. 236 S. Eden St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nathan Rosenkoff

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Samuel Rosenkoff

(Address) Bethesda, Md. R F

18. BURIAL, CREMATION, OR REMOVAL 1/31/31

Date 19

Henry Rosenbush

19. UNDERTAKER Levi Levin Sons

(Address) 1739 E. Baltimore St.

20. FILED JAN 31 1931 19 ..... Registrar.

Huntington Printing Co., Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 30, 1931

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia (Primary)	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schenker, M. D. Coroner

(Address) 1912 E. North Ave.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31790

F 31790

CERTIFICATE OF DEATH

46-B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 885 Boyd St. 18-3 Ward)

Length of residence in city or town where death occurred 1 yr. — mos. 26 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas B. Rawlings

(a) Residence: No. Calvert Co - Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Della Rawlings

6. DATE OF BIRTH (month, day, year) May - 10 - 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. on Farm
10. Date deceased last worked at this occupation (month and year) 11/36
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Calvert Co Maryland.

FATHER

13. NAME Lemuel Rawlings
14. BIRTHPLACE (city or town) (State or country) Calvert Co Maryland

MOTHER

15. MAIDEN NAME Rachel —
16. BIRTHPLACE (city or town) (State or country) Calvert Co Maryland.

17. INFORMANT Thomas Rawlings
(Address) 841 N Lexington

18. BURIAL, CREMATION, OR REMOVAL
Place Brooks Cemetery and Date Feb 2, 1937

19. UNDERTAKER Joseph A. Sizley
(Address) 419 N Fremont Street

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/29/1937

22. I HEREBY CERTIFY, That I attended deceased from 1/3, 1937 to 1/29, 1937

I last saw h... alive on 1/27 1937 death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	
Stomach	
Metastases to	
Liver	
"6 mo" -	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? X ray - Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Dan'l Franklin, M. D.

(Address) 122 W Lee St.

F 31791 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31791

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 425 N. Luzley St. 21 Ward) Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Numan

(a) Residence: No. 425 N. Luzley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emil Numan

6. DATE OF BIRTH (month, day, year) Feb 15 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME McBaum

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME May — —

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Mr. Emil Numan

(Address) 425 N. Luzley St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Cem. Date 2/1/37 19

19. UNDERTAKER Philip Henrich Sons

(Address) 2016 Orleans St

20. FILED 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1937 to Jan 29 1937

I last saw her alive on Jan 28 1937. Death is said to have occurred on the date stated above, at 7:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/27/37
Myocardial degeneration	?
Nephritis over	?
& Arteriosclerosis	?
Other contributory causes of importance:	
Gastro-enteritis	1/25/37

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis F. Klimes M. D.

(Address) 2623 E. Monument St

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 31792

31792

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 N. Patterson Pk Ave St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 55 yrs. ..... mos. ..... ds.

2. FULL NAME Albert Sramek

(a) Residence: No. 820 N. Pat. PK Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Antonie Sramek

6. DATE OF BIRTH (month, day, year) Apr 14 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Antonie Sramek
(Address) 820 N. Pat. PK Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Cem Date 2/1/37 19

19. UNDERTAKER Philip Sterling Sons
(Address) 2016 Orleans St

20. FILED 31 1937 at Lexington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1936 to Jan 28, 1937. I last saw him alive on Jan. 28, 1937. Death is said to have occurred on the date stated above, at 3 30/24 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	? yrs
Other contributory causes of importance:	
Acute Uraemia	2 days

Was an operation performed? no Date of ✓

For what disease or injury? ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Joseph Pokorny M. D.

(Address) 2200 E Madison St

M. D. P. 1268-9

F 31793

31793 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-a

1. PLACE OF DEATH Hebrew Home for Aged & Infirm Registered No.

CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Bielinsky (Szaja)

(a) Residence: No. Levindale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Julia

6. DATE OF BIRTH (month, day, year): 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

MOTHER FATHER

13. NAME: Samuel Bielinsky

14. BIRTHPLACE (city or town) (State or country): Poland

15. MAIDEN NAME: Hanna Weyberg

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Samuel Bielinsky
(Address) 2120 E Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place: Hebrew Southern ave Date: Jan 31 1937

19. UNDERTAKER: Sol Levinson & Bro
(Address) 1127 E Baltimore St

20. 1937 Huntington Pharmacy N.S. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-30 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-6 1934 to 1-30 1937

I last saw him alive on 1-29 1937 Death is said to have occurred on the date stated above, at 4.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	1-27-37
Hypertension	
Mitral Insufficiency	
Parkinsons Syndrome	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H Edmund Levin M. D.

(Address) Levindale

F 20624 ✓ F 31794

31794 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

94-B

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital 2-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.
If U. S. Veteran specify WAR

2. FULL NAME Catherine Rodhaver
(a) Residence: No. 20 S. Albermarle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54	55			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) D. C.

FATHER
13. NAME Charles
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER
15. MAIDEN NAME Mary
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 2-1 1937

19. UNDERTAKER J. J. Fahey & Sons
(Address) 1117 Light St

20. FILED 19 [illegible]
FEB 1 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1937 to Jan 26, 1937
I last saw her alive on Jan 26, 1937. Death is said to have occurred on the date stated above, at 3:05 a m.

The principal cause of death and related causes of importance were as follows:
Coronary occlusion (?) — Date of onset 1-19-37

Other contributory causes of importance:

Was an operation performed? no Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) H. A. DeSantelle M. D.
(Address) Baltimore City Hospitals

✓ F 31795

31795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No. 7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1-3 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Barbara Vojtek

(a) Residence: No. 219 N Duncan St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ...
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) ...
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) ...
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Feb 1 1937

19. UNDERTAKER Frank Evach & Son
(Address)

1937 ... Registrar

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ... 19 ...

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came ... (Inquest, Autopsy or Inquiry) ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.
Coroner

(Address)

31796 F 31796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. 24-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1137 Battery Ave St. 24-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Margaret A. Waltenspiel

If U. S. Veteran specify WAR

(a) Residence: No. 1137 Battery Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) May 14. 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME Martin Waltenspiel

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Catherine Mitchell

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Anne Zippriam
(Address) 1137 Battery Ave

18. BURIAL, CREMATION, OR REMOVAL Holy Cross A.A. Co. Date 2-2nd 1937

19. UNDERTAKER Bernard C. Hasle
(Address) 121 E. Mad St

20. FILED 1937 Registrar. Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 29th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1937 to Jan 29th 1937

last saw h alive on Jan 29th 1937 Death is said to have occurred on the date stated above, at 555 p m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis. — Date of onset

Other contributory causes of importance:

Arterio sclerosis

Hypertension

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John A. Schwank M. D.

(Address) 1337 S. Charles St

F 31797

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 31797

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 W. Hamburg St. 21-1 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 1 mos. 28 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John J. Bowen.

(a) Residence: No. 612 W. Hamburg St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If ~~XXXX~~ widowed, ~~XXXXXX~~ HUSBAND of (or) WIFE of: Do not know.

6. DATE OF BIRTH (month, day, year): November 30, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0615

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: John J. Bowen.

14. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

MOTHER

15. MAIDEN NAME: Do not know.

16. BIRTHPLACE (city or town) (State or country): Do not know.

17. INFORMANT: Albert J. Potts. (nephew)

(Address): 612 W. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL

Name: Oliver Cem. Date: Feb 1st, 1937

19. UNDERTAKER: Bernard C. Harle

(Address): 121 E. West St.

20. FILED ..... 19..... Harrington for Hilbrandt, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January, 28, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	

Other contributory causes of importance:

Was an operation performed? No Date of /////////

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto M. Reinhardt Coroner M. D.

1/30/37 (Address) 1017 S. Charles St.

Kostovsky

F 31798

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31798

CERTIFICATE OF DEATH

124-w

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen Hosp St.) (8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Thomas C. Kostovsky

If U. S. Veteran specify WAR

(a) Residence: No. 2639 E Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Boone Sunney

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
abt 52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stapler & Mdse Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME John Kostovsky

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Mary Knova

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Mrs. J. C. Kostovsky (Address) 2639 E Biddle

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 2/1/37

19. UNDERTAKER J. J. Tobey & Sons (Address) 1518 Eight St.

20. FILED Eugene Mullaney, C.H.

JAN 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/28/37 19

22. I HEREBY CERTIFY, That I attended deceased from 1-16-37 19 to 1-28-37 19

I last saw h— alive on 1-25-37 19 Death is said to have occurred on the date stated above, at 12:38 p.m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Acute Bleodpoisoning Streptococcus Throat	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. P. Stapp M. D.

(Address) Md Gen. Hosp

M. D. B. 1268-9

F 31799

31799 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

131

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1147 S. Shark St. 23-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Deck

(a) Residence: No. 1147 S. Shark St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 3 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Glass Worker Oven Tender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Glass Factory

10. Date deceased last worked at this occupation (month and year) 1919

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Martin Deck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Dunkhurst

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anthony Deck

(Address) 1634 Hanover St. Brother

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date Feb. 2, 1937

19. UNDERTAKER A. Haller Sons

(Address) 1402 Pennsylvania Ave.

FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18 1937 to Jan 29 1937.

I last saw h. alive on Jan 29 1937. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardiovascular renal disease —	not known

Other contributory causes of importance:

Terminal bronchopneumonia	3 days

Name of operation none Date of

What tests confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edw. Plassmeyer M. D.

(Address) 1904 W. Baltimore Street

M. D. B. 1268-9

F 31300

31300 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1632 Allendale St. 2-3 Ward)

Length of residence in city or town where death occurred 34 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mns. ..... ds.

2. FULL NAME James F. Grierson

(a) Residence: No. 1632 Allendale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Estelle R. Grierson

6. DATE OF BIRTH (month, day, year) Aug 25, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Undertaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Funeral Director

10. Date deceased last worked at this occupation (month and year) Feb 37

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

FATHER

13. NAME William F. Grierson

14. BIRTHPLACE (city or town) (State or country) Calvert Co

MOTHER

15. MAIDEN NAME Rebecca Cochran

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT Estelle R. Grierson
(Address) 1632 Allendale

18. BURIAL, CREMATION, OR REMOVAL
Place Hillendale Cem. Feb 1 1937

19. UNDERTAKER Arthur Howard Evans
(Address) 1600-02 Edmondson Ave

20. FILED ..... 19 ..... By .....

JAN 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1937 to Jan. 29 1937
last saw h. in alive on Jan. 29, 1937. Death is said to have occurred on the date stated above, at 5:35 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-25-37

Other contributory causes of importance:

Hemiplegia	1-25-37
Lobar Pneumonia	1-27-37
Hypostatic	?

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19 .....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury —
Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Leader M. D.
(Address) 16 S. Broadway

M. D. B. 1268-9

F 31801 ✓ F 31801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 John St. St., 14th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Perry Whiting

(a) Residence: No. 1603 John St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abbie Benton Whiting

6. DATE OF BIRTH (month, day, year) Feb 20 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. structural iron worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron construction 0079

10. Date deceased last worked at this occupation (month and year) Aug 1936

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Waverly, N.Y.

FATHER

13. NAME Edward I Whiting

14. BIRTHPLACE (city or town) (State or country) Owego N.Y.

MOTHER

15. MAIDEN NAME Mary Margeson

16. BIRTHPLACE (city or town) (State or country) Canton, Pa

17. INFORMANT Dorothy Whiting Lyons.

(Address) 1603 John St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date 2/2/1937

19. UNDERTAKER John Ellis

(Address) 2228 Edmondson Ave

20. FILED 1937 Harrington Phillips Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30 1937

22. I HEREBY CERTIFY, That I attended deceased from March 21 1936 to Jan 30 1937

I last saw h.im alive on January 30 1937 Death is said to have occurred on the date stated above, at 6.12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	
~~Spring of 1936~~	
Summer of 1935	

Other contributory causes of importance:

general debility

Name of operation exploratory laparotomy Date of Mar 25

What test confirmed diagnosis? biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edward Kelly M. D.

(Address) 1418 Eutaw Place.

31802 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ 31802

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 Chilton St. 9-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....da. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME John Walz

If U.S. Veteran specify WAR ....

(a) Residence: No. 1611 Chilton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Rose Walz

6. DATE OF BIRTH (month, day, year) Sept 26 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as milk mill, saw mill, bank, etc. (none)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Barth

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN Pauline Holzapfel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Mary Worden

(Address) 1302 North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 2/1/37

19. UNDERTAKER John Ellicott

(Address) 2008 Allendale St

20. FILED JAN 31 1937 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1934 to Jan 30 1937

last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance:	
Mitral Regurgitation	
Cardiac Hypertrophy	

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If specify .....

(Signed) Howard E. Worden M. D.

(Address) 1306 North Avenue

F 31803

31803 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2529 W Fayeth St. 20-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth 41 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James D Cremin

(a) Residence: No. 2529 W Fayeth St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katie Cremin

6. DATE OF BIRTH (month, day, year) 2-9-1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Thomas Cremin

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Nora Kiely

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Katie Cremin
(Address) 2569 W Fayette st

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cem Date 2/1 1937

19. UNDERTAKER Geo A Farley
(Address) Fayette

20. FILED 2-1 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1937, to Jan 29, 1937

I last saw h[illegible] alive on Jan 29, 1937. Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 1/24/37

Other contributory causes of importance:

Hypostatic

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. F. Hemsley M. D.

(Address) 1445 W. Baltimore St.

F 31804

F 31804 HEALTH DEPARTMENT—CITY OF BALTIMORE

32 1 88

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 6-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis Dibbern

(a) Residence: No. 422 N. Glover St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 23, 1917

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
19	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Henry Dibbern

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline Warnecken

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Moreland Phila. Date Feb 1st 1937

19. UNDERTAKER John G. Miller (Address) 2333-35 E. Oliver St

20. FILED FEB 1 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1936 to Jan. 29, 1937

I last saw him alive on Jan. 29, 1937. Death is said to have occurred on the date stated above, at 7:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	1922
Bacterial Endocarditis (Staph. aureus)	1936, Sept.
Hemorrhagic nephritis	Dec. 1936
Bronchopneumonia	Jan. 1937

Other contributory causes of importance:

Generalized Peritonitis	Jan. 1937
Epidural Abscess	

Was an operation performed? no Date of .....

For what disease or injury? no

What test confirmed diagnosis? Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frederick C. Mabee Jr. M. D.

(Address) Johns Hopkins Hospital

F 31805

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31805

CERTIFICATE OF DEATH

11-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1527 W Pratt St St. 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bernard Franklin Abell

(a) Residence: No. 1527 W Pratt St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 15, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	12.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frank O Abell

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Marguerite A Stein

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Frank O Abell

(Address) 1527 W Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Feb 1, 1937

19. UNDERTAKER Harry H Weltzke

(Address) 4101 Edmondson Ave.

FILED FEB 1 1937 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan 30. 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/26/37 19.. to 1/30/37 19.. I last saw him alive on 1/30/37 19.. Death is said to have occurred on the date stated above, at 4.00 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Grippe	1/24/37

Other contributory causes of importance:

Carditis Pneumonia 1/24/37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Stephen Dorsey M. D.

(Address) 1 W Mt Vernon Pl

31806 STATE OF MARYLAND—CERTIFICATE OF DEATH 31806

28-4112

1. PLACE OF DEATH

County None Registration Dist. No.

Village or City Baltimore, Md No. 910 Walnut Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Hiram Fogle

(a) Residence: No. 910 Walnut Ave. Roland Heights St., Ward

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	married

5a. If married, widowed, or divorced WIFE of Agnes Augusta Crook

6. DATE OF BIRTH (month, day, and year) July 6, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64.	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Chief of Tariff Bureau B&O R.R.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. B. & O. R.R.

10. Date deceased last worked at this occupation (month and year) Jan 12, '37

11. Total time (years) spent in this occupation 0086

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME Martin L. Fogle

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. Maiden NAME Jane Appold

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Walter Martin

(Address) 1731 Eleanore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Pk. Date Feb. 1, 19 37

19. UNDERTAKER Harry H. Weitzke

(Address) 4101 Edmondson Ave

20. FILED 19

31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January 28, 1937 (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from Jan 13, 1937 to Jan. 28, 1937

I last saw him alive on Jan. 28, 1937; death is said to have occurred on the date stated above, at 9:15 m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Acute Dilation of Heart.	

Other **Contributory Causes** of importance:

Ch. Cystitis	

Name of operation None Date of

What test confirmed diagnosis? Usual signs Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Geo. C. Wells M. D.

(Address) 4108 Edmondson Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

F 31807

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31807

CERTIFICATE OF DEATH

46-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2438 W. Baltimore St. 20th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emily Owens Thayer

(a) Residence: No. 2438 W. Baltimore St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late George H. Thayer

6. DATE OF BIRTH (month, day, year) April 16, 1855.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Johnson

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Coulter

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mrs. May Davis (daughter)

(Address) 2438 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL Date Feb. 1/37 19

Place Baltimore Cemetery

19. UNDERTAKER Harry A. Metzler

(Address) 4101 Edmondson Ave.

20. FILED Huntington Hathaway [illegible]

JAN 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 - 1936 to Jan 28 1937

Last saw her alive on Jan 27. 1937 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Carcinoma of Liver	Jan. 26
Secondaries Jaundice	

Other contributory causes of importance

Was an operation performed? no Date of Jan 27

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Martin W. Strock M. D.

(Address) 806 N Fulton Ave

F 31868 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31868

CERTIFICATE OF DEATH

Registered No. 24-497

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 Henry St. St., 24-H Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Snyder If U. S. Veteran specify WAR

(a) Residence: No. 1508 Henry St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick W. Snyder

6. DATE OF BIRTH (month, day, year) Sept. 12, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME George Brandt

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Crispens

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Frederick W. Snyder (Address) 1508 Henry St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Feb. 1 '37

19. UNDERTAKER Harry A. Kutzke (Address) 4101 Edmondson Ave.

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1936 to Jan 28, 1937

I last saw her alive on Jan 28, 1937 Death is said to have occurred on the date stated above, at 7.15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with Hypertension	1930

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sidney H. Streett M. D.

(Address) 421 E. Fort Ave.

F-31809 F 31809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11 B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2505 Lanvale Ave St. 76-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Broadbent Sutcliffe

(a) Residence: No. 2505 Lanvale Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Job Ernest Sutcliffe

6. DATE OF BIRTH (month, day, year) June 18 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Monarch Rubber Co.

10. Date deceased last worked at this occupation (month and year) 1-19-37.

11. Total time (years) spent in this occupation 3 yr.

12. BIRTHPLACE (city or town) Lancashire
(State or country) England.

FATHER

13. NAME James Simon

14. BIRTHPLACE (city or town) Lancashire
(State or country) England.

MOTHER

15. MAIDEN NAME Sarah Broadbent

16. BIRTHPLACE (city or town) Lancashire
(State or country) England.

17. INFORMANT Sarah B. Simon
(Address) 2505 Lanvale Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date 2/1/37 19

19. UNDERTAKER Geo. Weber & Son
(Address) 2503 Edmondson Ave

FILED N 31 1937

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) January 30- 1937

22. I HEREBY CERTIFY, That I attended deceased from January 19- 1937 to January 30- 1937

I last saw her alive on January 30 1937. Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Jan 15-37
Bronchopneumonia	Jan 18-37
Influenzal Peritonitis.	Jan 26-37

Other contributory causes of importance:

over

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? B.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Chester Roland, M. D.

(Address) 2532 Edmondson Ave.

F 31810

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31810

CERTIFICATE OF DEATH

18585

82-a

Registered No. 15-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts Street or Ward) 1906

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Hyman Ostroff

(a) Residence: No. 2531 Loyola Southway Street Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah (D)

6. DATE OF BIRTH (month, day, year) 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ow

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records of Balto. City Hospts (Address)

18. BURIAL, [illegible] (or other) New York N.Y. 1-31 193[illegible]

Place [illegible] Date ..... 19..

19. UNDERTAKER [illegible] (Address) [illegible] E. Balto St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1937 to Jan 30, 1937

I last saw him alive on Jan 30 1937 Death is said to have occurred on the date stated above, at 745 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-28-37
Other contributory causes of importance: Cerebral hemorrhage	Nov, 1936

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

JAN 31 1937 Huntington Pathological, Inc.

F 31811

31811 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 826 W. 40th St. 13-7 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. — mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Neal Monfoot If U. S. Veteran specify WAR

(a) Residence: No. 826 W. 40th. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Monfoot

6. DATE OF BIRTH (month, day, year): Sept. 9, 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0086

10. Date deceased last worked at this occupation (month, year): Jan 1912

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Warren Balto. Co. Md

FATHER

13. NAME: Robert Monfoot

14. BIRTHPLACE (city or town) (State or country): Carroll Co. Maryland

MOTHER

15. MAIDEN NAME: Elizabeth Wheeler

16. BIRTHPLACE (city or town) (State or country): Carroll Co. Maryland

17. INFORMANT: Mrs S. J. Goldsborough
(Address) 826 W. 40th St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Jerusalem-Cockeysville Date: Feb. 1, 1937

19. UNDERTAKER: Wm. C. Brooks & Son
(Address) Govanstown Md.

FILED JAN 31 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1937 to Jan 30, 1937

I last saw him alive on Jan 30, 1937. Death is said to have occurred on the date stated above, at 10.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia Bilateral	Jan 26, 37

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. Allen Deckert, M. D.
(Address) 1123 St Paul St.

#609 31812

HEALTH DEPARTMENT—CITY OF BALTIMORE 31812

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7-5 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bertha E Sealscheze

(a) Residence: No. Mandella Springs St., ~~Ward.~~ Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Raymond

6. DATE OF BIRTH (month, day, year) 9/11/81

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Thos. Barrett

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Minerva Evans

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mandella Springs Md Date 2/1/37 19

19. UNDERTAKER Wyse & Magruder & Bowie
(Address) Berwyn Wicomico Md

20. FILED JAN 31 1937 Thos. E. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1937 to Jan 31, 1937

I last saw ~~her~~ alive on Jan 31, 1937 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peptic Ulcer	10 yrs
Pyloric obstruction	4 mos.
acidosis	3 wks
myocardial failure	4 hrs

Other contributory causes of importance:

Diabetes?

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David H Spring M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

F 31813

F 31813 HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

17-2 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 642 Greenmount Ave St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Rhubottom

(a) Residence: No. 642 Greenmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Daniel Rhubottom

6. DATE OF BIRTH (month, day, year) Feb 25 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME George Gould

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

MOTHER

15. MAIDEN NAME Adaline Gould

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

17. INFORMANT Daniel Rhubottom
(Address) 1514 Brant Street

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Date Jan 31 1937

19. UNDERTAKER Elroy A Wilson
(Address) 1600 Eastern Ave

N 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 2d, 1936, to Jan 28th, 1937. I last saw h[illegible] alive on Jan 21 S., 1937. Death is said to have occurred on the date stated above, at 10: P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Intestinal Paralysis	

Other contributory causes of importance:

Uremia	
three days	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

25. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

31. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E B Evans M. D.

(Address) 667 N Franklin St

M. D. F. 1268-9

E. 31814

31814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-293-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1301 N Charles St 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma M Hester

(a) Residence: No. 1301 N Charles St St., Ward. No War Record

(Usual place of abode) 50 yrs (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Peter N Hester

6. DATE OF BIRTH (month, day, year) Dec 10 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Marys Co Md

FATHER

13. NAME Jonathan Wheatley

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Amanda Hester

(Address) 1301 Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 2/1 1937

19. UNDERTAKER Wm Cox Sons & Parlott

(Address) 2124 Pennsylvania Ave

FILED FEB 1 - 1937, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 1937 to Jan 29 1937

I last saw her alive on Jan 28 1937 Death is said to have occurred on the date stated above, at 4:15 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	Jan 7 37
Other contributory causes of importance: Myocarditis	

Name of operation ... Date of ...

What was confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas J Blake M. D.

(Address) 20 E Preston

F 31815

F 31815 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 4-2 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital, 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isabella D Forsythe CLARA LEELLA FORSYTHE U.S. Veteran specify WAR

(a) Residence: No. 901 Cathedral St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Forsythe

6. DATE OF BIRTH (month, day, year) April 8 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 137

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Susi Bachtel

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Annie McComas

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lulu B Hammaugh

(Address) Bradshaw Md

18. BURIAL, CREMATION, OR REMOVAL BAKERS. CEM. Harford Co. 2-3-37

19. UNDERTAKER David Davidson

(Address) Hopkins Falls Md

20. FILED 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-26 1937 to 1-31 1937

I last saw h alive on 1-27 1937 Death is said to have occurred on the date stated above, at 10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	1-26-37
Chronic Nephritis & Complete extinction of Urine	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Kenna M. D.

(Address) Emergency Hospital

F 31816

F 31816

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 123 Helcome alley Ward 27)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clara Forbes

(a) Residence: No. 123 Helcome alley Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

If U. S. Veteran specify WAR .....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Philip Forbes
6. DATE OF BIRTH (month, day, year)
7. AGE: Years 47 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done: 0037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER
13. NAME: Lewis Lahte
14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER
15. MAIDEN NAME: Martha Holland
16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Sarah Brooks 834 Harney St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Olivet Date: Feb 1 1937

19. UNDERTAKER: Walter B. Griggs
(Address): 139 Whitelock St.

20. FILED: Feb 1 1937 Thurlington Pilkington, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1937 to Jan 26 1937
last saw her alive on Jan 26 1937. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance: Toxemia	

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Physical Signs Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Thurlington Pilkington M.D.
(Address) 501 Hamburg St.

F 31817

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31817

CERTIFICATE OF DEATH

19695

Registered No. 19-1 34-939

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. Life Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Milos Adams

(a) Residence: No. 410 N. Mount St., St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of [redacted] Marie

6. DATE OF BIRTH (month, day, year) 8-10-189[illegible] 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	40	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0029

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Louise

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Int. Suburban Cem. Date 2/1 1937

19. UNDERTAKER Thos. E. Kelsey
(Address) 1202 Pennsylvania Ave. Baltimore, Md.

FEB 1 - 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1936, to Jan 29, 1937

I last saw h[illegible] alive on Jan 29, 1937 Death is said to have occurred on the date stated above, at 5:40 P m.

The principal cause of death and related causes of importance were as follows:

	Duration
Syphilitic heart disease	[illegible]
Myocardial failure	4 hrs.

Other contributory causes of importance:

Was an operation performed? No. Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical & pathological. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. A. de Sautelle M. D.

(Address) Baltimore City Hospitals

F 31818

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31818

CERTIFICATE OF DEATH

16-123

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 Smithson St., 16 Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorothy Taylor

(a) Residence: No. 1214 Smithson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/19/1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Taylor

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Cox

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Margaret Fitzgerald
(Address) 1214 Smithson St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 2/1 1937

19. UNDERTAKER T. & B. Kelson
(Address) 1202 Preston St

20. FILED 2-1-1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/29/1937

22. I HEREBY CERTIFY, That I attended deceased from 1/15/1937 to 1/29/1937

I last saw her alive on 1/27/1937 Death is said to have occurred on the date stated above, at 6.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T-B	8/1/36

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. B. Hartkins M. D.

(Address) 1600 W. Fayette St

1819

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31819

CERTIFICATE OF DEATH

3107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 343 Robert St. St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hampton Williams

If U.S. Veteran specify WAR .....

(a) Residence: No. 343 Robert St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	S.

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Hampton Williams

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ruth Thomas

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ruth Williams

(Address) 343 Robert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 2/1 1937

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St.

20. FILED 19 Registrar

FEB 1 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 30 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1937 to Jan 30 1937

I last saw h... alive on Jan 30 1937. Death is said to have occurred on the date stated above at 2 P. m.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Bronchopneumonia	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Charles J. Wadley M. D.

(Address) 867 Darley Ave

F 31820

F 31820 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 130

1. PLACE OF DEATH St Agnes Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Wilkens and Caton St. 30-8 Ward

Length of residence in city or town where death occurred 23 yrs. 5 mos. 1 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs Robert J. McCormick — If U.S. Veteran specify WAR —

(a) Residence: No. 3618 Old Frederick Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Genevieve McCormick

6. DATE OF BIRTH (month, day, year) 12-29-1913

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
23	6	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sanitary Quilting Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John C. McCormick

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Katie M. Murphy

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT John M. McCormick
(Address) 3618 Old Frederick Road

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 2-37 19

19. UNDERTAKER J. B. Tippett & Son
(Address) 847 Eutaw Place

FILED FEB 1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30-37 19

22. I HEREBY CERTIFY, That I attended deceased from January 18, 1937 to January 30 1937
I last saw h[illegible] alive on January 30 1937 Death is said to have occurred on the date stated above, at 1:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hemorrhagic Nephritis	1-7-37
Other contributory causes of importance:	
	ORU

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO. If so, specify

(Signed) L J Shimanek M. D.
(Address) St. Agnes Hospital

1821

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31821

CERTIFICATE OF DEATH

8-93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2410 Llewelyn Av) St. (Ward) 8

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Blanche E. Richardson

If U.S. Veteran specify WAR .....

(a) Residence: No. 2410 Llewelyn Av St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George A. Richardson

6. DATE OF BIRTH (month, day, year): Jan. 1 1872

7. AGE: Years 65 | Months — | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

13. NAME: Mr. Hessler

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Mr. George A. Richardson

(Address) 2410 Llewelyn Av

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem Date Feby 2nd 1937

19. UNDERTAKER: Henry Heuer (or Sons) Inc

(Address) 301 E Eager St

20. FILED ..... 19 ..... Washington Williams Registrar.

BT - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 30 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-25 1937 to 1-30 1937

I last saw him alive on 1-29 1937. Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset

Other contributory causes of importance: Hypertension, Myocarditis Chr

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) O. D. Frantz M. D.

(Address) 1423 E Baltimore

31822

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31822

CERTIFICATE OF DEATH

15-6 92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805-Braddish Ave. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence May Robb

U.S Veteran specify WAR

(a) Residence: No. 1805-Braddish Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas E. Robb

6. DATE OF BIRTH (month, day, year) Jan. 29th, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Charles W. Engles

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Ida Johnston

16. BIRTHPLACE (city or town) (State or country) Richmond Va.

17. INFORMANT Thomas E. Robb

(Address) 1805-Braddish Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 2/2/1937

19. UNDERTAKER George C. Ruth, Inc.

(Address) 1735-Harford Ave.

20. FILED 1-1937 By E. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29 1937

22. I HEREBY CERTIFY, That I attended deceased from August 3 1936 to Jan 29 1937

I last saw her alive on Jan 28 1937. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	Jan 29 '37
Auricular Fibrillation	Jan 28
Myocarditis	?
Other contributory causes of importance:	
Chronic Valvular Heart Disease (Rheumatic)	?

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Wilson Wright M. D.

(Address) 117 W. Saratoga St.

M. D. B. 1268-a

F 31823

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31823

CERTIFICATE OF DEATH

26-793-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Carrie E. Kountz

If U. S. Veteran specify WAR

(a) Residence: No. 318 S. Oldham St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E.

6. DATE OF BIRTH (month, day, year) Jan 26 1887

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
50	—	3 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife 00-7

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME John D. Smith

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Martha Miller

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Roy D. Feigley

(Address) 318 S. Oldham St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Feb 2, 1937

19. UNDERTAKER Chas. E. Franck

(Address) 502 Madison Ave

20. FILED 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance: Coronary occlusion

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D. Coroner

(Address) 1010 S. Edmondson Ave

20469

F 31824 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31824

CERTIFICATE OF DEATH

3-1 107-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Raymond Jackson

(a) Residence: No. 258 S. Bethel St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-25-1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Leon Jackson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Helen Jackson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Feb 2-1937

19. UNDERTAKER Robert O'Sullivan
(Address) 515 Mosher St

20. FILED Feb 1 1937 Huntington Williams, MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-29-37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1-20-37 . 19 . to 1-29-37 . 19

I last saw him alive on 1-29-37 . 19 . Death is said to have occurred on the date stated above, at 4:23 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Bronchopneumonia	1-18-37
Acidosis and dehydration	1-28-37
Other contributory causes of importance: Sickle cell anemia	life

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. J. Alexander M. D.

(Address) Balto. City Hosp

31825 F 31825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH Little Sisters of the Poor St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mollie Paff Paff

(a) Residence: No. 1200 Valley St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 16 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	71	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Paff

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME Theresa Paff.

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT Little Sisters of the Poor
(Address) Sister Paul in Charge

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Feb 2, 1937

19. UNDERTAKER Rife Undefeld
(Address) 914 Greenmount Ave

20. FILED ..... 19..... Registrar .....

FEB 1 - 1937 Huntington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1936 to Jan 31, 1937

I last saw her alive on Jan 29, 1937. Death is said to have occurred on the date stated above, at 9 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Other contributory causes of importance:	
Arteriosclerosis	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) L. Joe Carter M. D.

(Address) 114 Hampstead

F 31826

Spec.—1-19-21—M&T—1500 Bks.

31826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46-E

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 Tunbridge Road ST. 27-8 WARD)

2-FULL NAME Laura Virginia Wright

(a) RESIDENCE NO. 617 Tunbridge Road ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. — mos. — ds. — How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~

(or) WIFE of Martin Luther Wright

6 DATE OF BIRTH (month, day, and year) Feb. 28, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	11	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 6037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Delaware

PARENTS

10 NAME OF FATHER Joseph White

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Jersey

12 MAIDEN NAME OF MOTHER Charlotte Tomlinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Jersey

14 Informant M. L. Wright (Address) 617 Tunbridge Rd

15 Filed 1-31-1937 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 30 1937

17 I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1937 to Jan. 30 1937, that I last saw her alive on Jan. 30 1937, and that death occurred, on the date stated above, at 3:45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) yrs. mos 15 ds.

so far as personal knowledge goes

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & X Ray

(Signed) W. T. Cole, M. D.

1-30 1937 (Address) 6014 York Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL Feb. 2 1937

20 UNDERTAKER Fred'k. Lassahn — ADDRESS 1401 Reba

F. 31827.

31827 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 99

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 14-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth 30 yrs.....mos.....ds.

2. FULL NAME Gustav Gruenbaum

If U.S Veteran specify WAR.....

(a) Residence: No. 2032 Eutaw Place St., ...Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. College Prof.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0068

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rumania

FATHER

13. NAME Hyman —

14. BIRTHPLACE (city or town) (State or country) Rumania

MOTHER

15. MAIDEN NAME Yetta Lazar

16. BIRTHPLACE (city or town) (State or country) Rumania

17. INFORMANT Park West Mem. Chapel

(Address) 115-W. 79th St N.Y.

18. BURIAL, CREMATION, OR REMOVAL

Place New York, N.Y. Date 2-1- 1937

19. UNDERTAKER Jos. Rewig Inc

(Address) 1739 E. Baltimore St

20. FILED 19 Huntington Williams Jr

B 1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24 1937 to Feb. 1 1937

I last saw him alive on Feb. 1, 1937. Death is said to have occurred on the date stated above, at 4:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	1-28-37
Acidosis	1-30-37
Periarteritis nodosa (??)	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard Lidsky M. D.

(Address) Sinai Hospital

M. D. B. 1206

F 31828

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31828

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH West Baltimore General Hospital — Registered No. 20-3

CITY OF BALTIMORE: (No. Rayner Ave & Dukeland St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth 38 yrs. mos. ds.

2. FULL NAME Phillip Zentz

(a) Residence: No. 2002 Wilkens St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mollie Gentz

6. DATE OF BIRTH (month, day, year) 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Samuel Zentz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fannie Gentz

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Milton Gentz
(Address) 4004 Pinkney Rd

18. BURIAL, CREMATION, OR REMOVAL
Place St. Lauer's Date 2/1/37, 19

19. UNDERTAKER Post Funeral Home
(Address) 1737 E. Baltimore St.

20. FILED 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1937 to Jan 31, 1937

I last saw him alive on January 31, 1937. Death is said to have occurred on the date stated above, at 10:56 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio vascular disease	?
Chronic myocarditis	
Other contributory causes of importance: Coronary thrombosis	1-23-37

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
(Address) Gen'l Bolt. Gen'l Hosp.

31829

HEALTH DEPARTMENT—CITY OF BALTIMORE

31829

CERTIFICATE OF DEATH

27-161-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 4502 Parkheights Ave St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sr. M. Lucius Kilduff

If U. S. Veteran specify WAR

(a) Residence: No. 4502 Parksheights Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 3rd 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Religious 0065

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joseph Kilduff

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Cath. McCarthy

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Sr. Mary Kosker

(Address) 901 N Aisquith St.

18. BURIAL, CREMATION, OR REMOVAL

Place Notch Cliff (Private) Date Feb. 2nd 1937

19. UNDERTAKER Geo M. Fink & Son

(Address) # 811 N. Wolfe. St

FEB 1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31st 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1937, to Jan 31, 1937

I last saw h[illegible] alive on Jan 31, 1937. Death is said to have occurred on the date stated above, at 5, A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 25

Other contributory causes of importance:

Grippe

Was an operation performed? no Date of

For what disease or injury? no

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles L. Wells M. D.

(Address) 5226, Parkheights Ave

31830

F 31830

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 160-B

CERTIFICATE OF DEATH

20659

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 18-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Shipley

(a) Residence: No. 930 Boyd St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-29-37

7. AGE	Years	Months	Days	If LESS than 1 day, 3 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City Hospitals

FATHER

13. NAME Milton Shipley

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Maggie Freeland

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL FEB 1 - 1937 19

19. UNDERTAKER Commissioner of Health
(Address)

Per H. A. Moore

FILED FEB 1 - 1937 19 Registrar.

2948

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-29-1937

22. I HEREBY CERTIFY, That I attended deceased from 1-29 19 37 to 1-29 19 37

I last saw him alive on 1-29 19 37. Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

D. Hemorrhage Hemorrhage

Date of onset

Other contributory causes of importance:

Prematurity

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Balto City Hosps

F 31831

HEALTH DEPARTMENT—CITY OF BALTIMORE

31831

CERTIFICATE OF DEATH

20607 1/59

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy DeHoff

(a) Residence: No. 2104 Wilhelm St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-26-37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City Hospitals

FATHER

13. NAME Charles W. F. DeHoff

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Annie Fish

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date FEB 1 - 1937

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Hynes

20. FILED 1937 Huntington Williams, M.D.

2949

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-28-1937

22. I HEREBY CERTIFY, That I attended deceased from 1-26-37, 1937 to 1-28-37, 1937

I last saw him alive on 1-28-37, 1937. Death is said to have occurred on the date stated above, at 2 35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other significant conditions of importance: Edema Membranes	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Emerson, M.D.

(Address) Balto City Hospitals

F 31832

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31832

CERTIFICATE OF DEATH

V 108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Grace Johnson

(a) Residence: No. 1626 Vincent St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mero Johnson

6. DATE OF BIRTH (month, day, year) March (?) 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Percy Cuff

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER

15. MAIDEN NAME Lizzie Johnson

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md

17. INFORMANT Willie Washington

(Address) 1626 Vincent St

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date FEB 1 - 1937 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

FILED FEB 1 1937 Commissioner of Health

2947

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1937, to Jan 21, 1937

I last saw h.. alive on Jan 21, 1937 Death is said to have occurred on the date stated above, at 1.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	1-18-37
Pneumococcus meningitis	1-18-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis D. Schwentker, M. D.

(Address) Sydenham Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31833

31833 548

CERTIFICATE OF DEATH

Registered No. 27-11124-13

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles C Gleesner

(a) Residence: No. 311 Northway St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emily Gleesner

6. DATE OF BIRTH (month, day, year) 4/6/61

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Freight Claim Agt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 60?

12. BIRTHPLACE (city or town) (State or country) Cambridge Ohio

FATHER

13. NAME C F Gleesner

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Elizabeth Maxfield

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Urbana Ohio Date Feb. 2, 37

19. UNDERTAKER Thos J Dickson & Sons
(Address) Nos 1109 Pa Ave.

20. FILED Wm. F. Singleton Registrar

FEB 1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1937, to Jan 31, 1937. I last saw him alive on Jan 31, 1937. Death is said to have occurred on the date stated above, at 11 20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	Unknown
Cachexia Fecalis	Unknown
Bronchopneumonia	1-28-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide, or Homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward P. Bunch, M. D.

(Address) Johns Hopkins Hosp

1834 HEALTH DEPARTMENT—CITY OF BALTIMORE RE31834

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH St. Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton aves St. 25-1 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME William Grayson Foster

(a) Residence: No. 351 Winans ave. (Usual place of abode) Halethorpe St., Md Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Mar 30 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER FATHER

13. NAME Grayson Foster
14. BIRTHPLACE (city or town) Richmond (State or country) Va
15. MAIDEN NAME Anita Duncan
16. BIRTHPLACE (city or town) Baltimore (State or country) Md

17. INFORMANT Mr. Grayson Foster (Address) 351 Winans Ave Halethorpe Md

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Date Feb 1 1937

19. UNDERTAKER Wm F Tiefner & Sons (Address) North & Pa aves Huntington Williams, Md

20. FILED FEB 1 - 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1937 to Jan 29 1937.
I last saw him alive on Jan 29 1937 Death is said to have occurred on the date stated above, at 2 45 p m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Lobar Pneumonia	12-28-36
Lung Abscess	1-20-37
Other contributory causes of importance: Otitis Media	1-10-37

Was an operation performed? No Date of
For what disease or injury?
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis G. Llewellyn M. D.
(Address) St. Agnes Hospital

20326

31835

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31835

CERTIFICATE OF DEATH

2-372-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William McCord

If U. S. Veteran specify WAR .....

(a) Residence: No. 2050 Fountain St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 9-30-1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ida

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Carmel Date Feb 3 1937

19. UNDERTAKER Tilly & Zeiler (Address) 403 S. Wolfe

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1937, to Jan 31, 1937. I last saw him alive on Jan 31, 1937. Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-26-37
& Typhoid bacteremia	1935

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hubert Santelle, M. D.

(Address) Baltimore City Hospitals.

1 - 1937

M. D. B 1268-9

F 31836

31836 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Found in harbor at Caroline & Lancaster Sts. 3 Ward) Registered No. 183
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry Kutrick

(a) Residence: No. 723 S. Dallas St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Kate Kutrick

6. DATE OF BIRTH (month, day, year) Dec 15/1903

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
33	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Daniel Kutrick

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Kate Kutrick (Wife)
(Address) 723 S. Dallas St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Feb 2 19 37

19. UNDERTAKER Lilly & Faherty
(Address) 401 S. Eden

20. FILED ..... 19 ..... Registrar.

I-1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Found Jan 31, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably drowning	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Probably Accident Date of injury Found Jan 31, 1937

Where did injury occur? Baltimore Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Found floating in harbor

Manner of injury Probably fell overboard

Nature of injury Probably drowned

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. W. Wright M. D.

(Address) 1010 S. Edwards Corner

31837 F 31837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5221 Ready Ave St. 27-10 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Reynolds

If U.S. Veteran specify WAR .....

(a) Residence: No. 5221 Ready Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Ellen Reynolds

6. DATE OF BIRTH (month, day, year): June 27, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Poultry man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER FATHER

13. NAME: Owen Reynolds

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Mary Monahan

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mr. Hugh Reynolds

(Address) 5211 Ready Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral 2/2/37

19. UNDERTAKER: J. Heuman & Son

(Address) 324 S. Broadway

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 29th 1937

22. I HEREBY CERTIFY, That I attended deceased from June-10 1936 to Jan 29th 1937

that I saw h.. alive on Jan 29th 1937. Death is said to have occurred on the date stated above, at 7.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum.	
Other contributory causes of importance: Infirmities of Age	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos H. Magness M. D.

(Address) 14 E. Read St

Vernon 2684

1 - 1937

F 31838

31838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 20312

95-B

Registered No.

1. PLACE OF DEATH.

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1896 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna Weglewicz (Coal)

(a) Residence: No. 2334 Fleet St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female Woman	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George (D)

6. DATE OF BIRTH (month, day, year) 3-23-1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Carl Mendelus

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Nowicki

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Feb 3 1937

19. UNDERTAKER John H. Weber
(Address) 401 S. Chester St

20. FILED Feb. 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1937 to Jan 29, 1937. I last saw her alive on Jan 29, 1937. Death is said to have occurred on the date stated above, at 4.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular disease	5 yrs.
Myocardial failure	3 hrs. ago

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. A. de Santelle M. D.

(Address) Baltimore City Hospitals

F 31839

31839 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

2-1 93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2003 Portugal Street St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Kowalski If U.S. Veteran specify WAR

(a) Residence: No. 2003 Portugal Street St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Kowalski

6. DATE OF BIRTH (month, day, year) 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) poland

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr. Joseph Kowalski

(Address) 2003 Portugal Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Feb 3 1937

19. UNDERTAKER John F. Weber

(Address) 401 S. Chester St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/29 1937

22. I HEREBY CERTIFY, That I attended deceased from July 2 1936 to Jan. 29 1937

I last saw her alive on Jan. 29 1937 Death is said to have occurred on the date stated above, at 6:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2 yrs.
Other contributory causes of importance: Acute Cardiac Dilatation	1 hr.

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John V. Zarbuchen M. D.

(Address) 1802 Eastern ave.

I - 1531

20648 F 31840

31840 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

18-1 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Michael Cykora (Sikora)

(a) Residence: No. 861 W. Fayette St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-16-1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Martin

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Sophia Spenas

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Pittsburgh Pa. Date Feb 1 1937

19. UNDERTAKER John F. Welsh

(Address) 401 E. Chestnut St. Huntington W. Va.

20. FILED 2-1-1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1937 to Jan 31 1937

I last saw him alive on Jan 31, 1937. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-26-37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation clinical

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H. L. DeSantella M. D.

(Address) Baltimore City Hospital

31841 36 80

HEALTH DEPARTMENT—CITY OF BALTIMORE

31841

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 1-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Evelyn Hawkins Johnson

(a) Residence: No. 534 N. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Clifton

6. DATE OF BIRTH (month, day, year): 2-19-17

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Wm Hawkins

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Emma Distance

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Antrim Cem Date Feb 2 1937

19. UNDERTAKER: Mrs Edw S Elliott daughter

(Address) 1119 N. Charles St.

1937 Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): JAN-29 1937

22. I HEREBY CERTIFY, That I attended deceased from JAN-10 1937 to JAN-29 1937

I last saw her alive on JAN 29 1937. Death is said to have occurred on the date stated above, at 6 53 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous peritonitis.	
Miliary tuberculosis.	
	Unc

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. W. Overstreet M. D.

(Address) Johns Hopkins Hospital

F 31842

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31842

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hosp St., ... Ward) 17-14

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Thelps

If U. S. Veteran specify WAR .....

(a) Residence: No. 4605 Roswick Rd St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Magdalena A. Phelps

6. DATE OF BIRTH (month, day, year) Sept 7, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0031

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George W. Phelps

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Jeanette Bowen

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Henry M. Phelps

(Address) 20 Woodland Ave. N. J.

18. BURIAL, CREMATION, OR REMOVAL

Somerville Cemetery Date Feb 3, 1937

19. UNDERTAKER Chenoweth Son.

(Address) 615-17 Chatsworth Ave.

20. FILED ....., 19..... Registrar

FEB 1 - 1937

Huntington Pittsburgh, Pa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-28-37, 19..., to 1-31-37, 19..., that I last saw him alive on 1-31-37, 19..., Death is said to have occurred on the date stated above, at 5:45 p. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset .....

Other contributory causes of importance: Diabetes Mellitus

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) W. P. Stephens M. D.

(Address) Md Gen Hosp

F 31843

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31843

CERTIFICATE OF DEATH

133

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital St., 93 Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mamie Wernsdorfer

(a) Residence: No. 709 W. 34th St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew J. Wernsdorfer

6. DATE OF BIRTH (month, day, year) Oct 14, 1879.

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	57	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME George F. Frock.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Mary Wenzel.

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Andrew J. Wernsdorfer
(Address) 709 W 34th St.

18. BURIAL, CREMATION, OR REMOVAL
Sabers, Balto Co. Md. Date Feb 3 1937

19. UNDERTAKER Ehrenworth Son
(Address) 3615-17 Christopher Ave

20. FILED ... 19 ... Registrar.

FEB 1 - 1937 Huntington Pittsburgh, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31st 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9th 1936. to Jan 31st 1937

I last saw her alive on Jan 9th 1937. Death is said to have occurred on the date stated above, at 7 28 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	1-24-37

Other contributory causes of importance:
Hydronephrosis, Bilateral
Cystitis, Chronic Hypertension

Was an operation performed? Yes Date of 1-25-37.

For what disease or injury? Hydronephrosis.

What test confirmed diagnosis? X-Ray & P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) W. Kenneth Mansfield, M.D.
(Address) Warner Hospital

E 31844

31844 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1652 N. North Ave St. 15-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lydia Frances Buckingham

(a) Residence: No. 1652 N. North Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: George Harry Buckingham

6. DATE OF BIRTH (month, day, year): June 25 1869

7. AGE: Years 67 | Months 7 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1037
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Maryland

FATHER
13. NAME: John Wesley Palmer
14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER
15. MAIDEN NAME: Susan E. Neff
16. BIRTHPLACE (city or town) (State or country): Maryland.

17. INFORMANT: Miss Lillian A. Buckingham
(Address) 1652 N. North Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Ridge Cem. Feb. 2 1937

19. UNDERTAKER: Horace E. Burgee
(Address) 3631 Falls Road

20. FILED: 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1937 to Jan. 30, 1937

I last saw her alive on 1/29, 1937 Death is said to have occurred on the date stated above, at 3:10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jack. R. Morgan M. D.

(Address) 6-E-Read St.

M. D. B 1268-9

✓ F 31845

1845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

21-1 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 11 mos. 29 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie H. Spellerberg. If U. S. Veteran specify WAR .....

(a) Residence: No. 1015 Russell St. St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) January 31, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John A. Spellerberg.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Margaret Rehker.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Katherine Spellerberg. (sister)
(Address) 1015 Russell St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 2nd 1937

19. UNDERTAKER D. Schloman & Son
(Address) 1039 Hanover at

20. F 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 29, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/29
Generalized Arterio sclerosis.	

Other contributory causes of importance:

Fracture of left femur.	11/6/36
Fall to floor.	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? 1015 Russell St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. at home.

Manner of injury Fall to floor.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Otto M. Reinhardt, M. D.
Coroner

2/1/37 (Address) 1017 S. Charles St.

F. 31846

31846 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

X 95-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 9-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sherman Runkles

(a) Residence: No. Mt. Airy Md. St., ... Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If ~~married~~ widowed, ~~or divorced~~
~~(not WIFE) of~~ HUSBAND of Laura Runkles

6. DATE OF BIRTH (month, day, year) ? ? 1859

7. AGE	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 6056

10. Date deceased last worked at this occupation (month and year) Jan 1937

11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (city or town) (State or country) Mt Airy Md

FATHER

13. NAME Bruce Runkles

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ellen Myers

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Hanson Runkles

(Address) 825 S. Hanover St

18. BURIAL, CREMATION, OR REMOVAL

Place Prospect M. P. Church Cemetery Mt. Airy Md Date Feb 2nd 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1-1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1937 to Jan 30, 1937

I last saw him alive on Jan 30, 1937 Death is said to have occurred on the date stated above, at 1:20 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive Heart disease	3 mo
Auricular fibrillation	3 "
Other contributory causes of importance:	
Anasarca	2 "

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Frank R Stephenson M. D.

(Address) St Joseph's Hospital

M. D. B. 1268-9

F 31847

31847

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 243 S. Ellwood Ave Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Elmer Swann

(a) Residence: No. 243 S. Ellwood Ave Ward. No Record
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of Clara M. Swann

6. DATE OF BIRTH (month, day, year) Dec 19th 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building

10. Date deceased last worked at this occupation (month and year) 1918

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Richard T. Swann

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Isabella Hodges

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Clara M. Swann
(Address) 243 S. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 2nd 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Jan 30 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30th 1937

I HEREBY CERTIFY, That I attended deceased from Jan 21 1937 to Jan 30 1937

I last saw him alive on Jan 29th 1937. Death is said to have occurred on the date stated above, at 2.30 P m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset about 6 mos ago

Other contributory causes of importance:

Acute Cardiac Dilatation — Date of onset 10 days

Name of operation None Date

What test confirmed diagnosis? None Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) M. D.

(Address) 20 n Dulaney Md

31848 F 31848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4928 Pennington St. 25-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florence Alverta Hobeck.

If U.S. Vet. specify WAR. No Record

(a) Residence: No. 4928 Pennington St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

5a. If married, widowed or divorced (~~HUSBAND of~~ or) WIFE of George Wesley Hobeck

6. DATE OF BIRTH (month, day, year) Oct 11 - 1858

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
78	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George King.

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rachael Rebecca Randall

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Anna King.

(Address) 319 E Fort Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Feb 2 37

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

20. FILED 1937 Huntington Millspaugh Registrar

77

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1936 to January 31, 1937

I last saw h alive on January 30, 1937. Death is said to have occurred on the date stated above, at 8.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis with Cardiac Hypertension	Not Known
Coronary Thrombosis	1.30.37
Acute Cardiac Dilatation	1.31.37.

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Physical examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. Edward Norris, M. D.

(Address) 107 East West St.

M. D. B. 1268-9

✓F 31849

31849 HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital Registered No. 75-4

CITY OF BALTIMORE: (No. Rayner & Dukeland Sts.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Janie Johnson

(a) Residence: No. 2021 Smallwood St., Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of: Adam L. Johnson

6. DATE OF BIRTH (month, day, year): Jan 17th 1858

7. AGE: Years 79 | Months 0 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Calvert Co Md

FATHER

13. NAME: Virgil C. Bowen

14. BIRTHPLACE (city or town) (State or country): Calvert Co Md

MOTHER

15. MAIDEN NAME: Annie M. Carr

16. BIRTHPLACE (city or town) (State or country): A A Co Md

17. INFORMANT: Evelyn Johnson

(Address) 2021 N. Smallwood St

18. BURIAL, CREMATION, OR REMOVAL

Place: Central M. E. Church Cemetery Date: Feb 2nd 1937

Bartonsville Md

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

1 1937

9. FILED: Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 31st 1937

22. I HEREBY CERTIFY, That I attended deceased from January 29th 1937 to January 31st 1937

I last saw h[illegible] alive on January 31st 1937 Death is said to have occurred on the date stated above, at 8.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio-vascular disease	?
Other contributory causes of importance: Arteriosclerotic gangrene left leg	1-29-37

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address)

✓ F 31850

31850 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 24-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Irene

(a) Residence: No. ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	14	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date .....

19. UNDERTAKER .....
(Address)

1-1937

20. FILED ..... Registrar.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ....., 19..

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and (from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Frac 2 Rull	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... Coroner ....., M. D.

(Address) .....

F 31851

31851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. 27-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME .....

(a) Residence: No. ..... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles A Rinehart

6. DATE OF BIRTH (month, day, year) June 5 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) .....

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) ..... (State or country) .....

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) ..... (State or country) .....

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 2/3 19 37

19. UNDERTAKER The Eph Lankford Co
(Address) 1217 E Lanvale

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 19

22. I HEREBY CERTIFY, That I took charge of the remains described thereon and from the evidence above, held an ..... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death ... (Inquest, Autopsy or Inquiry) on the day stated above.

The principal cause of death and related causes of importance were as follows: — Date of onset

.....

.....

.....

.....

.....

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... Coroner ..... M. D.

(Address) .....

V S 6

31852 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 31852

CERTIFICATE OF DEATH

72-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4301 Frankford Ave St., 26-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry J. Butt, If U. S. Veteran specify WAR .....

(a) Residence: No. 4301 Frankford Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth M. Butt

6. DATE OF BIRTH (month, day, year) 7-10-1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

FATHER

13. NAME Anthony Butt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Elizabeth M. Butt (Address) 4301 Frankford Ave

18. BURIAL, CREMATION, OR REMOVAL Place St Joseph's Cemetery Date 2/3 1937

19. UNDERTAKER Leonard J. Rourke (Address) 315 Bayard Rd

20. FILED 1-1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/31, 1937

22. I HEREBY CERTIFY, That I attended deceased from June, 1936, to Jan 31, 1937

I last saw h.. alive on Jan 30, 1937 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spleno-myelogenous Leukemia	Jan 1936
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Lab. Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. J. Sweeney, M. D.

(Address) 4810 Belair Rd

V.S. 3

F 31853

31853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34j-82a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 Otterbein St., 21-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Solomon Zilghman

(a) Residence: No. 302 Ottenbein St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J. Zilghman

6. DATE OF BIRTH (month, day, year) May 22 1852

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
54 53	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. White washer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractors 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Peter Zilghman

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Nellie Weeks

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Eva Dorer

(Address) 117 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge Md. Date 2/2/ 1937

19. UNDERTAKER Isaiah L. Brown & Son

(Address) 1050 Montgomery St.

2-1-1937 Registrar.

Filed in Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30. 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1936 to Jan 30, 1937

I last saw h— alive on Jan 28, 1937 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 1/29/1937

Other contributory causes of importance: Arteriosclerosis — 1934

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) John Burton Carroll M. D.

(Address) 1949 Eutaw Place

F 31854

31854 HEALTH DEPARTMENT—CITY OF BALTIMORE

108

CERTIFICATE OF DEATH

Registered No. 7714

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hospital St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred about 60 yrs. 6 mos. 23 ds. How long in U. S. If of foreign birth? ~ yrs. ~ mos. ~ ds.

2. FULL NAME Mr. Daniel S. Schaffer
(a) Residence: No. 209 Oakdale Road St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Mrs. Daniel S. Schaffer (or) WIFE of Mary Florence Deatrom

6. DATE OF BIRTH (month, day, year) July 8, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carroll County (State or country) Maryland

MOTHER FATHER

13. NAME Mr. Louis Schaffer
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME Miss Susanna Stull
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Daniel S. Schaffer
(Address) 209 Oakdale Road

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 2/2 1937

19. UNDERTAKER Henry H. Weaver & Son
(Address) 605 N. Calvert St.
(To Lexington Funeral Home, Inc.)

20. FILED 2-1-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1937, to Jan 31, 1937. Death is said I last saw him alive on Jan 31, 1937. Death is said to have occurred on the date stated above, at 9:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia, Left Upper	1/25/37
Auricular Fibrillation	1/28/37

Other contributory causes of importance:
Generalized Arteriosclerosis

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

Signed) S. D. Sunday M. D.
(Address) The Union Memorial Hospital

✓F 31855

31855

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp Ward 3-1)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Thomas W. Tate

(a) Residence: No. 1517 E. Preth. St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Catherine Tate

6. DATE OF BIRTH (month, day, year) nov 15 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Tate

14. BIRTHPLACE (city or town) (State or country) Detroit Mich.

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Detroit Mich

17. INFORMANT Mrs Lillian Reese

(Address) 1517 E Preth St

18. BURIAL, CREMATION, OR REMOVAL

Place St Pauls Date Feb 3 1937

19. UNDERTAKER Albert W Bezegy

(Address) 440 E North Ave

20. FILED -1937 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN. 31 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/23 1936 to 1/31/37 19.....

I last saw him alive on 1/31/37 1937. Death is said to have occurred on the date stated above, at 10 00 Am.

The principal cause of death and related causes of importance were as follows:

Prostatic Hypertrophy — Date of onset 1933

Other contributory causes of importance:

Pyelonephrosis cystitis — owl

Arteriosclerotic Cardio Vascular disease

Was an operation performed? Yes Date of Perineal prostatectomy 1/2/37

For what disease or injury? Prostatic Hypertrophy

What test confirmed diagnosis? clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No. If so, specify .....

(Signed) M J Nicholson M. D.

(Address) Bennevolent Hosp

F 31856

31856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

135

Registered No. 16-8

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 622 Linnard St. St. (Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louisa Sullivan

(a) Residence: No. 622 Linnard St. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James H. Sullivan

6. DATE OF BIRTH (month, day, year) July 6, 1855.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Isaac Gibson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Cryer

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Evelyn Hopwood

(Address) 622 Linnard St.

18. BURIAL, CREMATION, OR REMOVAL Date Feb. 2/37 19

Place Druid Ridge

19. UNDERTAKER Harry A. Weitzle

(Address) 4101 Woodson Ave.

20. FILED 19 Registrar.

2-1-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 20th, 1930. to Jan 30th, 1937.

I last saw h alive on Jan 29, 1937. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
General arteriosclerosis - with senile dementia	Since yrs 6 mos
Other contributory causes of importance: Chronic cystitis -	2 yrs.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frederick V. Keeler M. D.

(Address) Medical Arts Bldg - Balto.

M. D. B. 1268-9

✓ F 31857

31857 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4738 Old York Road St. 9-3 Ward)

Length of residence in city or town where death occurred 81 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jean Elizabeth Suter

(a) Residence: No. 4738 Old York Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If ~~XXXXX~~ widowed, of ~~XXXXXX~~ ~~XXXXXXXX~~ (or) WIFE of Charles E. Suter

6. DATE OF BIRTH (month, day, year) June 7. 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	7	23 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME ? Simpson

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT E. Fannie Thomas

(Address) 4738 Old York Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Feb. 3. 1937

19. UNDERTAKER Stuffer & Gruber

(Address) 424 N. Broadway

20. FILED 1937 Harrington Williams [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Febuary 1 1937

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1931, to Feb. 1, 1937.

I last saw h.. alive on Jan. 31, 1937. Death is said to have occurred on the date stated above, at 8:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date at onset
Lung Carcinomatosis	?
Chronic Nephritis.	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Harry Hyde M. D.

(Address) 1102 E. Northern

31858 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31858

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward) 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jeanne E. Perry

(a) Residence: No. 654 Dumbarton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Hugh Perry

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Loretta

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Perry

(Address) 654 Dumbarton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 2 19 37

19. UNDERTAKER Mary M. Wiedefeld

(Address) 901 E Lafayette Ave

FILED 19 Registrar

2-1-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-31 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-21 1937 to 1-31 1937

I last saw h alive on 1-30 1937 Death is said to have occurred on the date stated above, at 6:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral lobar pneumonia	1-21-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) U. P. Stephens M. D.

(Address) Md Gen Hosp

F 31859

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31859

CERTIFICATE OF DEATH

186-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mary E. Arr

(a) Residence: No. 1107 Barclay St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel —

6. DATE OF BIRTH (month, day, year) Oct 18 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Joshua F Lafhart

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Martha Lightner

16. BIRTHPLACE (city or town) Balto (State or country) Md.

17. INFORMANT Elizabeth Bentz

(Address) 1767 Barclay St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Feb 2nd 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

20. FILED 19 Registrar.

2-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture right femur	

Other contributory causes of importance: Cardio vascular sclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury Jan 15, 1937

Where did injury occur? Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home

Manner of injury Fall to floor

Nature of injury fracture femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) 1606 S. Ellwood Ave

M. D. P. 1268-9

F 31860 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31860

CERTIFICATE OF DEATH

11-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2430 St Paul St., 17-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret E. Dorsey

(a) Residence: No. 2430 St Paul St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced (or) WIFE of Enoch E. Dorsey

6. DATE OF BIRTH (month, day, year) Nov 1 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

FATHER

13. NAME Dr R. E. Jones

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Elizabeth Dorsey

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Enoch Dorsey

(Address) 2430 St Paul Street

18. BURIAL, CREMATION, OR REMOVAL Balto Balto Co Date Feb 2, 1937

19. UNDERTAKER Williams Cook

(Address) 1217 St Paul Street

20. FILED Feb 2 1937 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 19, 1937 to January 31, 1937

I last saw her alive on January 31, 1937 Death is said to have occurred on the date stated above, at 3:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Jan. 19 1937

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George [illegible] M. D.

(Address) 407 East 25th Street

2-1937

20 E Preston St.

F 31861 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31861

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 N. Chapel St. 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie E. Shewbridge

If U.S. Veteran specify WAR

(a) Residence: No. 1712 N. Chapel St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elmer E. Shewbridge

6. DATE OF BIRTH (month, day, year) October 1, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	3	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mechanicsville Penna.

FATHER

13. NAME Hiram Deuy

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Mary Ann Barclay

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Elmer E. Shewbridge
(Address) 1712 N. Chapel St.

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Memorial Park Date Feb 3 1937

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St.

20. FILED 19 Registrar

FEB 2 - 1937 Huntington Indiana, 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 31 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1937 to Jan 31 1937

I last saw h alive on Jan 22 1937 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Hemiplegia	
Other contributory causes of importance:	

Was an operation performed? ✓ Date of ✓

For what disease or injury? ✓

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify

(Signed) Chas. T. Bloke M. D.

(Address) 20 E Preston

M. D. B 1268-9

F 31862

F 31862 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 117-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Hospital St. 26-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Friedel

(a) Residence: No. 1015 S. Baylis St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Sarah Jane Friedel

6. DATE OF BIRTH (month, day, year) August 29 1890

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
46	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME August Friedel

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ellen Neuman

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Sarah Jane Friedel
(Address) 1015 S. Baylis St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Feb. 2 1937

19. UNDERTAKER George W. Zinkler & E. Eager St.
(Address) 1737

20. FILED Feb 1 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 30 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, by an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Duodenal Ulcer	
Uremia - Sclerosis	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Paul Rheuben, M. D.
Coroner

(Address) 1919 E. North Ave.

F 31863

31863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1021 Burgundy St. 21-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frederick Stehn

(a) Residence: No. 1021 Burgundy St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Kate Elizabeth (nee) Wagner

6. DATE OF BIRTH (month, day, year) Feb 14, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
68	68	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broom Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Broom

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William Stehn

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs. Lillie R. Hathaway

(Address) 1021 Burgundy St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 2/3/37

19. UNDERTAKER Henry H. Weitzke

(Address) 4105 Edmondson Ave

20. FILED FEB 2 - 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1937 to Jan. 31, 1937

I last saw him alive on Jan. 21, 1937 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Mitral Regurgitation 3 definite	
Other contributory causes of importance:	
Exhaustion	1/30/37

Was an operation performed? no Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. S. Campbell M. D.

2/2/37 (Address) 1644 Hanover St.

F 31864

31864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

12-6

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME E.

(a) Residence: No. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	5	3p	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Feb. 3. 1937

19. UNDERTAKER Harry H. Lustig
(Address) 1101 E Lanvale St Ave

20. FILED 19 Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) , 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said find that said deceased came
(Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) , M. D.
Coroner

(Address)

31865 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 31865

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs William L Snyder

If U. S. Veteran specify WAR

(a) Residence: No. Glenelg, Md St., Howard Co Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year) Dec 15/36

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unk - Snyder

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unk - Traill

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Miss Myrtle Bidinger (Address) Glenelg Md.

18. BURIAL, CREMATION, OR REMOVAL Westview Cem Date Feb 5 1937

19. UNDERTAKER Geo Geo Lee Sons (Address) Ellicott City Md

20. FILED Feb 5 1937 Herman L. Taylor, M.D. Health Officer

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/2/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 1/27/37, 19 to 2/2/37, 19

I last saw h Sue alive on 2/2/37, 19 Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia. Duration 1 wk

Other contributory causes of importance:

arteriosclerotic C-V disease

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Josiah A. Hunt M. D.

(Address) Md. Gen Hosp.

FEB 2 - 1937

F 31866

31866 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1242 Edythe St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie Dixon

(a) Residence: No. 1242 Edythe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	married

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Samuel Dixon

6. DATE OF BIRTH (month, day, year) 10/26/10

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portsmouth Va

FATHER

13. NAME Hilliard Allston

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Annie Tillery

16. BIRTHPLACE (city or town) (State or country) N.C

17. INFORMANT Mary Felton (sister)
(Address) 1242 Edythe St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Feb 2 1937

19. UNDERTAKER Robert Williams
(Address) 515 S. Macelroy St

20. FILED 2-1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-30 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/16 1937 to 1-30 1937

I last saw her alive on 1-29 1937 Death is said to have occurred on the date stated above, at 11:27 m. A

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Sept 35
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Rayner Brown M. D.

(Address) 1500 E. Madison St

31867 F 31867

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 232 S Dunham St. 2-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Rud Jones

If U.S Veteran specify WAR .....

(a) Residence: No. 232 S Dunham St St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edw. Jones

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sanitation

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jeannette Pa.

FATHER

13. NAME Chas Rud

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Chas Rud

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Ed Jones

(Address) 232 S Dunham

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Feb 1 1937

19. UNDERTAKER Robert Williams

(Address) 1515 McCulloh St

20. FILED Feb 1 1937 Milwaukee, Wis

B 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1937 to Jan 31 1937

I last saw h... alive on Jan 31 1937 Death is said to have occurred on the date stated above, at 11:36 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Renal	? ? Nov
Other contributory causes of importance: Senility Anemia	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) B Braun M. D.

(Address) 1911 N Caroline St

1868 s 8 — F 31868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-5 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Isiah Hazel

(a) Residence: No. Oak ave Edgemere, Md Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 2/7/36

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Peter Hazel

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Cecelia Fooky

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date Feb 2 1937

19. UNDERTAKER Robt Williams

(Address) 1515 McElderry St

20. FILED 2-1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1937 to Jan 31 1937

I last saw him alive on Jan 31 1937 Death is said to have occurred on the date stated above, at 3 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, Pneumococcus	1-27-37
Otitis Media	
Rickets	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? —

What test confirmed diagnosis? L. P. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Robert Hurley M. D.

(Address) Johns Hopkins Hospital

F 31869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 124-B F 31869

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 14-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martha Brown

If U.S. Veteran specify WAR .....

(a) Residence: No. 1427 Druid Hill Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 26, 1920

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
16	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto Md.
(State or country)

FATHER

13. NAME Joseph Brown

14. BIRTHPLACE (city or town) Balto Md
(State or country)

MOTHER

15. MAIDEN NAME Mildred Reed

16. BIRTHPLACE (city or town) Balto Md.
(State or country)

17. INFORMANT Mildred Brown
(Address) 1427 Druid Hill ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem Date 2/3/ 1937

19. UNDERTAKER Mrs. Frances A. Hemsley
(Address) 577 W Biddle St

20. FILED 1937 Huntington Pittsburgh, Pa
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/31/ 1937

22. I HEREBY CERTIFY, That I attended deceased from January 30, 1937 to January 31, 1937

I last saw h.e.r. alive on January 31, 1937 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Portal cirrhosis	?
(Banti's Disease (?))	?
Bronchopneumonia (terminal)	Jan 30

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. H. Welch M.D.

(Address) Univ. Hospital

M. D. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31870 ✓62 F 31870

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1334 Division St. 17-W Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Pattie Ireland

(a) Residence: No. 1334 Division St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col'd	Wid

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jas Ireland

6. DATE OF BIRTH (month, day, year) July 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Jacksonville Florida

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Jas Ireland
(Address) 1334 Division

18. BURIAL, CREMATION OR REMOVAL
Place Mt Auburn Cem Date 2/2/ 1937

19. UNDERTAKER Mrs Frances A. Hensley
(Address) 538 W. Pratt St

20. FILED 2-2-1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1936 to Jan 30 1937

I last saw h..... alive on Jan 30 1937. Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pellagra	Unknown

Other contributory causes of importance:

Dietetic Deficiency (Vit B + ?)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) V. J. Norwood M. D.

(Address) 929 W. Fayette

F 31871 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓78 F 31871

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyda Hospital St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

If U. S. Veteran specify WAR

2. FULL NAME Danny Mae Lewis

(a) Residence: No. 1259 - E. Daugette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 8, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	5	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Richard Lewis

14. BIRTHPLACE (city or town) (State or country) Williamsburg Va.

MOTHER

15. MAIDEN NAME Danny Mae Pierce

16. BIRTHPLACE (city or town) (State or country) Portsmouth Va.

17. INFORMANT mother

(Address) 1259 - E. Daugette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem Date 2/7/ 37

19. UNDERTAKER Mrs. Frances A. Keighley

(Address) 578 W. Biddle St

FEB 2 - 1937 Williams, Md.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb. 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1937 to Feb. 1, 1937.

I last saw her alive on Feb. 1, 1937. Death is said to have occurred on the date stated above, at 3:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Simple Encephalitis	1/31/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sidney Gelman M. D.

(Address) Lyda Hospital

F 31872

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31872

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. 3 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Howard Lee Smith

If U.S. Veteran specify WAR

(a) Residence: No. North Towson, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
19			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Cockeysville Md

FATHER

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) Warrenton Va

MOTHER

15. MAIDEN NAME Ella Winder

16. BIRTHPLACE (city or town) (State or country) Cockeysville Md

17. INFORMANT Ella Smith

(Address) N. Towson, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Hill Cockeysville Md 2-2-1937

19. UNDERTAKER Byron Thomas & W. Wright

(Address) 1211 McCulloh St

20. FILED 19 Huntington Williams, Md

FEB 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1. 30. 1937

22. I HEREBY CERTIFY, That I attended deceased from 1. 28. 1937 to 1. 30. 1937

I last saw him alive on 1 30. 1937 Death is said to have occurred on the date stated above, at 6:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1.27.37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry D. Carr M. D.

(Address) 515 Mosher St

F 31873

HEALTH DEPARTMENT—CITY OF BALTIMORE

31873

CERTIFICATE OF DEATH

20587 13-3 108

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1897 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Roland Waters

(a) Residence: No. 1120 Whitelock St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married (Sep)

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nellie

6. DATE OF BIRTH (month, day, year) 8-16-1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 001 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Daniel

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Garrison

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Feb 2, 1937

19. UNDERTAKER Mrs Katie R. Williams
(Address) 842 N. Schroeder St.

FILED 2-1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1937, to Jan 29, 1937. I last saw h... alive on Jan 29, 1937. Death is said to have occurred on the date stated above, at 3:10 P m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 1-25-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) R. L. DeSantis M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

F 31874

31874 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

94-D

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 106 1/2 Market Place St. 4-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Anna Crane

(a) Residence: No. 106 1/2 Market Place St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vincent Crane

6. DATE OF BIRTH (month, day, year) Oct 28 1892

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
44	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Francesco Longliaro
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Leonitross
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Vincent Crane
(Address) 106 1/2 Market Place

18. BURIAL, CREMATION, OR REMOVAL
Place Ivy-Cathedral Date Feb 3 1937

19. UNDERTAKER Frank V. Pikitone
(Address) 2518 E. Pratt St

20. FILED Feb 3 1937 [illegible] Registrar.

2-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1937 to Jan. 31, 1937
I last saw her alive on Jan. 30 1937 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1/30/37
Other contributory causes of importance:	
Auricular Fibrillation	1936

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) A. Simonelli M. D.

(Address) Medical Arts Bldg.

M. D. B 1268-9

31875 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 31875

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1025 N. Milton Ave St. 8-3 Ward)

Length of residence in city or town where death occurred 41 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lula May Baker

(a) Residence: No. 1025 N. Milton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of J. Bernard Baker

6. DATE OF BIRTH (month, day, year) May 5, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER

13. NAME Blankford Kenode

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Caroline Bremicke

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT J. B. Baker

(Address) 102 N. Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem. 2/4/37

19. UNDERTAKER Geo. A. Fahey

(Address) Fulton & Fayette

20. FILED FEB 2 - 1937 Wilmington, Delaware

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1918 E. North Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

31876 F 31876

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2029 Cliftwood Ave. Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Bartlett Miller

If U.S. Veteran specify WAR

(a) Residence: No. 2029 Cliftwood Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Rev. P. N. Miller

6. DATE OF BIRTH (month, day, year): Apr. 13, 1864

7. AGE: Years 72 | Months 9 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Lovettsville Va

FATHER

13. NAME: John H. Bartlett

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Elizabeth M ?

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Mrs. Harry Heitzang

(Address) 435. 51st Phila. Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place: Lorraine Cemetery Feb 2 1937

19. UNDERTAKER: Wm. Tuckey & Sons

(Address) South & Paca sts.

20. FILED 19

Registrar.

FEB 2 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1937 to Jan. 30, 1937

I last saw her alive on Jan. 30, 1937. Death is said to have occurred on the date stated above, at 9.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?
Other contributory causes of importance: Angina Pectoris	3 mos

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wilmer Hoffman M. D.

(Address) 206. Preston St.

M. D. B 1268-9

31877 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 31877

CERTIFICATE OF DEATH

79-a

Registered No. 19-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Anna Hankey

(a) Residence: No. 403 N. Fulton Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John H. Hankey

6. DATE OF BIRTH (month, day, year) Sept. 20, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Geo. Keiffer

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Charalotte Mansfield

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mr. John Hankey
(Address) 403 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorton Park Date Feb 3, 19 37

19. UNDERTAKER
(Address)

20. FILED FEB 2 - 1937 Washington Williamsville, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 31, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus Meningitis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. H. Carlson, M. D.
Coroner

(Address) 3757 W. Lorain

31878

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31878

CERTIFICATE OF DEATH

V 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 Baker St. 15-L Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. 1625 Baker St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) June 24 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) Va

FATHER

15. MAIDEN NAME Mary Lewis

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Lewis

(Address) 1625 Baker St.

18. BURIAL, CREMATION, OR REMOVAL

Place White Rock Cem Date 2/3 37

19. UNDERTAKER Thomas E. Kilcoyne

(Address) 223 Pratt St

20. FILED ..... 19.. Huntington Williams, M.D.

FEB 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 1 1937

22. I HEREBY CERTIFY, That I attended deceased from June 20 1936 to Feb. 1 1937

I last saw him alive on Feb 1 1937. Death is said to have occurred on the date stated above, at 8:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Pneumonia (Bronchial)	7 days

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. E. Bell M.D.

(Address) 1731 Bremer St

31879 Shelley F 31879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1318 Orleans St. 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizer Shelley

(a) Residence: No. 1318 Orleans St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Shelley

6. DATE OF BIRTH (month, day, year) 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87 86			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester County Md

FATHER

13. NAME Daniel Bond

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Nellie Mallitsky

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Geo. Wilson

(Address) 1318 Orleans

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 2/3/37 19

19. UNDERTAKER Howard Burch

(Address) 1241 Orleans

20. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 19 37

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 19 37 to Jan 29, 19 37

I last saw him alive on Jan 29, 19 37. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	Jan 15 37
Pneumonia	
Other contributory causes of importance: Arteriosclerosis Jaundice Resp Renal Disease	1936

Was an operation performed? — Date of ...

For what disease or injury? —

What test confirmed diagnosis? Nature Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Geo. J. Allen M. D.

(Address) 850 Augusta

Huntington Pittsville, Md

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31880

CERTIFICATE OF DEATH

93-C

F 31880

1. PLACE OF DEATH

Registered No. 13-4

CITY OF BALTIMORE: (No. 2815 Parkwood Ave St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine McCarthy

(a) Residence: No. 2815 Parkwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Richard J. McCarthy

6. DATE OF BIRTH (month, day, year) ? 1844 Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
93 92			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER

13. NAME Brian Devan.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Julia Skane

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Julia Kemper

(Address) 2815 Parkwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 2/4, 1937

19. UNDERTAKER John J. Coveran & Son

(Address) 904 W. Lems St.

20. 2-1937 Huntington Pollitt, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/1, 1937

22. I HEREBY CERTIFY That I attended deceased from Dec. 1, 1936 to Feb-1- 1937

last saw her alive on Jan 31. 1937 Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Old Age	years
Other contributory causes of importance: Myocarditis.	2 mo.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert E. Blake M. D.

(Address) Med Arts Bldg

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31881 — CERTIFICATE OF DEATH — 82-6F 31881

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 N. Fulton Ave. St. 19-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fanny E. Wilkinson

If U.S. Veteran specify WAR .....

(a) Residence: No. 507 N. Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tucker B. Wilkinson

6. DATE OF BIRTH (month, day, year) March 8, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME J. H. Smith

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna C. Taylor

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Dora B. Hitaffer
(Address) 507 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb. 3rd, 1937

19. UNDERTAKER Joseph B. Cook
(Address) 1003 E. Baltimore St.

FILED 2-1937 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 27, 1937 to January 31, 1937

I last saw her alive on January 30, 1937. Death is said to have occurred on the date stated above, at 7.10P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/27/37
Other contributory causes of importance:	
Arteriosclerosis	1934
Cardiac Hypertrophy	1930

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Herbert F. Hellman, M. D.
(Address) 6 E. Biddle St.

#17371

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31882

CERTIFICATE OF DEATH

82-2 F 31882

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. C-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Eckstein (George W. Eckstein) If U. S. Veteran specify WAR

(a) Residence: No. 1112 E. 30th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary E. Eckstein

6. DATE OF BIRTH (month, day, year) 8-1-1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Paver Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Balto.

10. Date deceased last worked at this occupation (month and year) December 31, 1927

11. Total time (years) spent in this occupation 33 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George (Deceased)

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Caroline Smith (Deceased)

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date Feb. 4 1937

19. UNDERTAKER Joseph B. Cobb & Sons
(Address) 1005 N. Gilmor St.

20. FILED 1934 Feb 2 Mr. Huntington Pittsburgh, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-1, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-25, 1936 to 2-1, 1937

I last saw him alive on 2-1, 1937 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Primary) — Date of onset 2 days

Other contributory causes of importance: Cerebral Hemorrhage — Date of onset 1 hour

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signature) John L. Rainey M. D.

(Address) Baltimore City Hosp.

VS 3

M. D. B. 1268-9

F 31883

31883 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-A

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2711 Eastern Ave St. 1-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 44 yrs. ... mos. ... ds.

2. FULL NAME Ida Kramer

(a) Residence: No. 2711 Eastern Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of John Kramer (deceased).

6. DATE OF BIRTH (month, day, year) Unknown.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Posen Poland.

FATHER

13. NAME Thomas Modrak

14. BIRTHPLACE (city or town) (State or country) Posen, Poland

MOTHER

15. MAIDEN NAME ——— Pawlak

16. BIRTHPLACE (city or town) (State or country) Posen Poland.

17. INFORMANT Joseph H. Kramer
(Address) 2905 Alameda Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place St. Stanislaus Date Feb 3, 1937

19. UNDERTAKER M. J. Jaglowski & Sons
(Address) 1814 Eastern Ave.

20. FILED FEB 2 - 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1937 to Jan. 31, 1937

I last saw her alive on Jan. 30, 1937 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hopelessy	Jan 29

Other contributory causes of importance:
Chronic Hypertension

Name of operation ——— Date of ———

What test confirmed diagnosis? P.S.P. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ——— Date of injury ——— 19...

Where did injury occur? ———
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ———

Manner of injury ———

Nature of injury ———

24. Was disease or injury in any way related to occupation of deceased? ———
If so, specify ...

(Signed) John J. Kreger M. D.

(Address) 1627 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

M. H. B. 1268-9

Machove

✓ F 31884

31884

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 834 S. Hanover St., 7 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank J. Machovec

(a) Residence: No. 2531 Oakland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: ~~WIFE~~ HUSBAND of Anna Machovec

6. DATE OF BIRTH (month, day, year): April 16, 1872

7. AGE: Years 65 | Months 9 | Days 14 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Czecho Slovakia

FATHER

13. NAME: Frank Machovec

14. BIRTHPLACE (city or town) (State or country): Czecho Slovakia

MOTHER

15. MAIDEN NAME: Francis Stephanek

16. BIRTHPLACE (city or town) (State or country): Czecho Slovakia

17. INFORMANT: Mrs Anna Machovec-WIFE
(Address) 2531 Oakland ave.

18. BURIAL, CREMATION, OR REMOVAL: Holy Redeemer Feb 3 1937
Date ... 19

19. UNDERTAKER: Aug. J. Koch Inc
(Address) 2534 Oakland ave

20. FILED: 2-1937 Filing for Filing

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 27, 1936 to January 30, 1937

I last saw him alive on January 31, 1937 Death is said to have occurred on the date stated above, at 9:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Lobar Pneumonia	8 Days.

Other contributory causes of importance:

Generalized Arteriosclerosis ?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Wm. J. Dixon M. D.

(Address) 3209 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

F 31885

31885 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH Brooklyn 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 Annabel Ave 25 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James H Howard

(a) Residence: No. 524 Annabel Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Agnes E Howard

6. DATE OF BIRTH (month, day, year) Aug 25 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	5	2 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James Howard

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Harrison

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Hattie Dasey

(Address) 524 Annabel Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Feb 4 1937

19. UNDERTAKER Wm F Denny

(Address) 715 Light St

Filed Feb 2 1937 Huntington Phillips, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1934, to Jan 31 1937

I last saw h alive on Jan 31 1937 Death is said to have occurred on the date stated above, at 4:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerotic Myocardial Degeneration	
Lobar Pneumonia	
Cardiac Asthma	
Myocardial Degeneration & Edema	1/1/36

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Lobrow M. D.

(Address) 710 Patapsco Ave

✓ F 31886

31886 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. [redacted]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [redacted] St. 16-12 Ward)

Length of residence in city or town where death occurred [redacted] yrs. [redacted] mos. 6 ds. How long in U. S. If of foreign birth? [redacted] yrs. [redacted] mos. [redacted] da.

If U. S. Veteran specify WAR [redacted]

2. FULL NAME [redacted] Jr

(a) Residence: No. [redacted] St. Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-9

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	1 1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [redacted]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year) [redacted]

11. Total time (years) spent in this occupation [redacted]

12. BIRTHPLACE (city or town) (State or country) Castle Rock Utah

FATHER

13. NAME David Rees D.C.

14. BIRTHPLACE (city or town) (State or country) England D.C.

MOTHER

15. MAIDEN NAME Jane Crampton D.C.

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT [redacted] M. L. Linzard

(Address) Bethlehem Steel Co

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Feb 3, 1937

19. UNDERTAKER John F. Denny

(Address) 715 Light St

20. FILED [redacted] Washington D.C. Registrar

2-1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) [redacted], 19[redacted]

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an [redacted] thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said [redacted] find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[redacted]	

Other contributory causes of importance:

Was an operation performed? [redacted] Date of [redacted]

For what disease or injury? [redacted]

Name of operation [redacted] Date of [redacted]

What test confirmed diagnosis? [redacted] Was there an autopsy? [redacted]

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? [redacted] Date of Injury [redacted], 19[redacted]

Where did injury occur? [redacted] (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place [redacted]

Manner of Injury [redacted]

Nature of Injury [redacted]

24. Was disease or injury in any way related to occupation of deceased? [redacted]

If so, specify [redacted]

(Signed) [redacted] M. D.

Coroner

(Address) [redacted]

V 8 8

M. D. B. 1263-9

F 31887 ✓ F 31887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 1-H Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward Hammond

(a) Residence: No. 1229 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	49	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

FATHER

13. NAME Nathaniel Hammond

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

MOTHER

15. MAIDEN NAME Susan Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Rose Anne Johnson
(Address) 1931 Lanvale

18. BURIAL, CREMATION, OR REMOVAL
Place W. Laurel Md Date 2-2 37, 19

19. UNDERTAKER C. Dickerson
(Address) 1120 Druid Hill Ave

20. FILED 19 ..... by ..... Registrar

2-4-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said inquest find that said deceased came
(Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Jan 27 1937

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury .....

Name of operation — Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If ..... (Signed) C. L. Allen M. D.
Coroner

(Address) 520 Saratoga St

F 31888 ✓ F 31888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

149-B-958

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Sarah Marie Lenz

If U.S. Veteran specify WAR .....

(a) Residence: No. 4101 Mass. Ave Balto St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of August F. Lenz

6. DATE OF BIRTH (month, day, year) April 9 1904

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	32	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles P. Boach

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Annie B. Hickman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Annie B. Boach
(Address) 4101 Massachusetts ave

18. BURIAL, CREMATION, OR REMOVAL
Loudon Park Cemetery Date Feb 3 1937

19. UNDERTAKER Chas H. Black
(Address) 742 W. North ave

20. FILED Feb 2 1937 [illegible], Registrar.

B 2-1937

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan 31 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/30 1936 to 1/31 1937

I last saw her alive on 1/31 1937 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	
Acute Pulmonary Edema of Lungs	

Other contributory causes of importance:

Nephritic Toxemia	
Mid Forceps.	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) D M Dixon M.D. M. D.

(Address) Bon Secours Hosp.

31889 HEALTH DEPARTMENT—CITY OF BALTIMORE E 31889

CERTIFICATE OF DEATH

95-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 12-7 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Humphrys

If U. S. Veteran specify WAR .....

(a) Residence: No. 209 Ware Alley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Georgia Humphrys

6. DATE OF BIRTH (month, day, year) 1-7-1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	53		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME Mose Humphrys

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Malinda Hall

16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL FEB 2 - 1937 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED FEB 2 - 1937 H. E. Lee Tribuard, M.D.
2950

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1936 to Jan 28, 1937

I last saw him alive on Jan 28, 1937 Death is said to have occurred on the date stated above, at 1.00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Sanctis M. D.

(Address) Baltimore City Hospital

OCCUPATION IS very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 31890

CERTIFICATE OF DEATH

Registered No. 154

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Moore

If U.S. Veteran specify WAR .....

(a) Residence: No. 16 N Bond St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/22/37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1 hr	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Lee Moore

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Bessie Moore

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date FEB 2 - 1937 19

Commissioner of Health

19. UNDERTAKER Per H. A. Moore (Address)

20. FILED 2-1937 Huntington Williams, M.D. 2951 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 37 to Jan 23, 1937

I last saw him alive on Jan 23, 1937. Death is said to have occurred on the date stated above, at 7 30 a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Other contributory causes of importance:

Data of onset

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Lydia B Edwards M. D.

(Address) Johns Hopkins Hospital

F 31891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. F 31891

CITY OF BALTIMORE: (No. ..... St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Fagin

If U.S. Veteran specify WAR .....

(a) Residence: No. 16 S. Stricker St., 61 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/12/37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Fagin

14. BIRTHPLACE (city or town) (State or country) U.S.

MOTHER

15. MAIDEN NAME Grace —

16. BIRTHPLACE (city or town) (State or country) U.S.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL FEB 2 - 1937 19
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED 2-1937 Huntington & Williams Undertakers Registrar.

2953 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1937 to Jan 22, 1937
I last saw her alive on Jan 22, 1937 Death is said to have occurred on the date stated above, at 6 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Diarrhea.	1-19

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? No

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Lydia B Edwards M. D.
(Address) Johns Hopkins Hospital

(See instructions on back of certificate.)

F 31892

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31892

CERTIFICATE OF DEATH

157-D

Registered No.

1. PLACE OF DEATH — The Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME — Baby Kloss

(a) Residence: No. 2 Beech Ave Sparrows Point St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-1-36

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) ...

FATHER

13. NAME Martin Kloss

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Tillie Jankowski

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT (Address) ...

18. BURIAL, CREMATION, OR REMOVAL Place JOHNS HOPKINS MEDICAL SCHOOL Date FEB 2 - 1937 19...

19. UNDERTAKER (Address) ...

FILED FEB 2 1937 Registrar

Commissioner of Health
Per H. A. Moore

Huntington Williams, M.D.
#8 2952

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-1-1936

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1936 to November 1, 1936

I last saw her alive on November 1, 1936 Death is said to have occurred on the date stated above, at 4 0'7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Congenital abnormalities	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph F. Jadlosky Jr. M. D.

(Address) The Johns Hopkins Hospital

OCCUPATION IS very important. See instructions on back of certificate.

✓ F 31893

F 31893 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 Somerset St. 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary K Baecher

(a) Residence: No. 511 Somerset St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John P Baecher

6. DATE OF BIRTH (month, day, year) Oct 20-1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
86	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frederick Metzger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaretha Heinz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Mary Baecher
(Address) 511 Somerset St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Feby 4 1937

19. UNDERTAKER Geo M. Frank & Son
(Address) 811 Riverside Ave

20. FILED 2-1937 Huntington Williams M

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1937 to Feb 1 1937

I last saw her alive on Feb 1 1937 Death is said to have occurred on the date stated above, at 4.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	Jan 27 1937
Other contributory causes of importance: Hypocarditis Chronic	1936

Was an operation performed? None Date of .....

For what disease or injury? None

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, specify

(Signed) George S. Allen M. D.

(Address) 502 Cathedral St

Spec.—1-10-21—M&T—1500 Bks.

F 31894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

F 31894

108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 Bruce St. St. 19 W Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie Simms

(a) RESIDENCE NO. 105 N Bruce ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Simms

6 DATE OF BIRTH (month, day, and year) unk

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 0037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Howard Co. Md.
(State or country)

PARENTS

10 NAME OF FATHER Thomas Smith

11 BIRTHPLACE OF FATHER (city or town) Howard Co.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Hammond

13 BIRTHPLACE OF MOTHER (city or town) Howard Co.
(State or country)

14 Informant Daisy Washington
(Address)

15 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-31- 1937

17 I HEREBY CERTIFY, That I attended deceased from 1-21- 1937 to 1-31- 1937,

that I last saw h alive on 1-30 1937,

and that death occurred, on the date stated above, at 5:15 p m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) ..... yrs. ..... mos 10 ds.

CONTRIBUTORY
(Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) M. L. Jackson M. D.

1-31 1937 (Address) 600 Darling St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Emmorsville Howard Co. md

DATE OF BURIAL 2-4 1937

UNDERTAKER Joseph A Lively

ADDRESS 409 N Bruce St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

2-1937

M. D. B. 1268-9

F 31895

31895 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 15-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2710 Boarman Ave. St. Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. 6 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph B. Kerns

(a) Residence: No. 2710 Boarman Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen M. Kerns

6. DATE OF BIRTH (month, day, year) July 29 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John F. Kerns

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary J. Divine

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Helen M. Kerns
(Address) 2710 Boarman Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral 2/4/37

19. UNDERTAKER Mary A. Galvin & Son
(Address) 1239 Bayard Ave.
Huntington Putnam Co. W. Va.

FILED 2-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 25, 1937 to February 1, 1937

I last saw him alive on January 31, 1937 Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan. 27 1937
Other contributory causes of importance:	
Arteriosclerosis	Unknown

Name of operation ----- Date of

What (if) confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Jas. W. Montgomery M.D.

(Address) 401 E 25th Street

Spec.—9-30—A. & Co.—250 Blks.

✓ F 31896

F 31896 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No ~~2707 Montebella Terrace~~ ST 27-2 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josiah Purnall Muir

(a) RESIDENCE NO. 1407 Montebella Terrace ~~Franklin Square Hospital~~ ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 35 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widower

5a If ~~married~~ widowed, ~~wife~~ HUSBAND of ~~(NAME)~~ Cora A. Muir

6 DATE OF BIRTH (month, day, and year) Sept 12, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68 68	4	19 18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Solicitor

(b) General nature of industry, business, or establishment in which employed (or employer) Insurance

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Somerset Co. Md.

PARENTS

10 NAME OF FATHER Lambert Muir

11 BIRTHPLACE OF FATHER (city or town) Somerset Co. (State or country) Md.

12 MAIDEN NAME OF MOTHER Nancy Heath

13 BIRTHPLACE OF MOTHER (city or town) Somerset Co. (State or country) Md.

14 Informant Miriam M. Bell (daughter)
(Address) 414 Edgewood St.

15 2-1937 ..... 19 ~~Huntington Williams~~ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/1/37

17 I HEREBY CERTIFY, That I attended deceased from 1/13/ , 1937 , to 2/1/ , 1937

that I last saw h~~im~~ alive on 2/1/ , 1937

and that death occurred, on the date stated above, at 11^00 P. m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio Vascular Renal disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Abraham Al Levine M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Princess Anne, Md.

DATE OF BURIAL: Feb. 3 1937

20 UNDERTAKER: ~~Thos J Hall Sons~~

ADDRESS: 424 N. Broadway

TION is very important. See instructions on back of certificates.

F 31897 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31897

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md. General Hospital

CITY OF BALTIMORE: (No. 11-3 St., Ward)

Registered No. 176

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Mrs Amanda Mc Cauley

If U. S. Veteran specify WAR

(a) Residence: No. Elton Maryland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 31-1875

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
62		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Peter Hedrick

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Hosp Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Elkton Md. Date 2/7 1937

19. UNDERTAKER W. M. Griffin & Son
(Address) Elkton Md.

20. FILED FEB 3 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-2-1937

22. I HEREBY CERTIFY, That I attended deceased from 1-24 1937 to 2-2 1937

I last saw h.. alive on 2-2 1937. Death is said to have occurred on the date stated above, at 3 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis and Cholelithiasis (Common duct)	
Other contributory causes of importance: Acute myocardial failure.	

Was an operation performed? Yes Date of 2-3-37

For what disease or injury? Cholecystitis & Stone.

Name of operation Cholecystectomy

What test confirmed diagnosis? X Was there an autopsy? Partial

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. P. Bratton M. D.

(Address) Medical Arts

OCCUPATION is very important. See instructions on back of certificate.

VS 3

M. D. B 1268-9

F 31898

F 31898 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1325 Bellevue St. St., 9-G Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm T. Mayan

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1325 Bellevue St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Kate Mayan

6. DATE OF BIRTH (month, day, year) May 6, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fabner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R

10. Date deceased last worked at this occupation (month and year) 1/1/37

11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James K. P. Mayan

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mahoney

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT George E. Blume

(Address) 1325 Bellevue St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Feb 4th 1937

19. UNDERTAKER Wm Cook

(Address) 1207 St. Paul St.

20. FILED Feb 3 1937 19 Registrar.

FEB 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/2 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Kent Wheatley M. D.

Coroner

(Address) 1918 E. Northern

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 31899 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31899

CERTIFICATE OF DEATH 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 E. 20th St., 9-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. .... mos. .... ds. How long in U. S. if of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Emily O'Brien

(a) Residence: No. 1111 E. 20th St., Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

5a. If ~~married, widowed, or divorced~~ (or) WIFE of William G. O'Brien

6. DATE OF BIRTH (month, day, year): Nov 7th 1857

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
79	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (month and year): 1/25/37

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Hiram Airy

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Elizabeth Stirley

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: George G. O'Brien

(Address) 1111 E. 20th St

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: Feb 5th, 1937

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19.. .....

Registrar.

FEB 5 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb-1- , 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 , 1937, to Feb-1- , 1937

I last saw her alive on Feb 1- , 1937. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis	1/25/37
Chronic Myocarditis	1/20/35
Edema of Lungs	2/1/37

Other contributory causes of importance:

Name of operation: none Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury .... , 19..

Where did injury occur? No injury (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) E Gill Hall , M. D.

(Address) 1631 E North Ave

OCCUPATION is very important. See instructions on back of certificate.

3 5 3

F 31900

31900 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 484 Pleasant View Ave St., 26-2 Ward)

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Amelia Emerson

If U.S. Veteran specify WAR .....

(a) Residence: No. 484 Pleasant View Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female,	W.	widow.

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of William L. Emerson

6. DATE OF BIRTH (month, day, year) June 1, 1841.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	95	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

FATHER

13. NAME William Todd Linville

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Jemima Jones.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Isabelle Graves

(Address) 484 Pleasant View Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Mem. Date Feb. 3 1937

19. UNDERTAKER F. J. Miller & Son

(Address) 2004 Jefferson St.

20. FILED Feb 2 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 28, 1937, to Feby 1, 1937.

I last saw h[illegible] alive on Jan 31, 1937. Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-27-37
Fibrous degeneration of heart	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Adam E. Bentham M. D.

(Address) 3139 E. Baltimore St

OCCUPATION is very important. See instructions on back of certificate.

31901

HEALTH DEPARTMENT—CITY OF BALTIMORE

31901

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No.) St., 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julius J. Murray

If U. S. Veteran specify WAR W. W.

(a) Residence: No. 810 Primrose Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) October 17, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dental Mechanic,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. lab

10. Date deceased last worked at this occupation (month and year) 1921

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Scranton
(State or country) Penna.

FATHER

13. NAME James H. Murray

14. BIRTHPLACE (city or town) Scranton
(State or country) Pa.

MOTHER

15. MAIDEN NAME Anna Whalen

16. BIRTHPLACE (city or town) Scranton
(State or country) Pa.

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Raleigh Cem. Date FEB 4 1937

19. UNDERTAKER Robert Brooks & Son
(Address) Colhoun & Mulliken

20. FILED 19 Registrar

FEB 3 - 1937 Huntingtow Maryland, Md.

(OCCUPATION is very important. See instructions on back of certificate.)

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) February 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 22, 1937, to February 1, 1937

I last saw him alive on February 1, 1937. Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza, respiratory	1-19
Pneumonia, lobar, rt.	1-23-37
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation clin.

What test confirmed diagnosis? clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L K Bryant M. D.

(Address) U.S. Marine Hospital

F 31902

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31902

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp St., 27-S Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Ella B Earley EARLEY

(a) Residence: No. 3016 Roselawn Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

3a. If married, widowed or divorced HUSBAND of (or) WIFE of Elmer Earley

6. DATE OF BIRTH (month, day, year) ? 1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) [illegible]

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT Elmer Early

(Address) 3016 Roselawn Ave. Hamilton

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date 2/3 ..., 1937

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins sts

20. FILED 1931 19 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1937 to Jan 31, 1937

I last saw her alive on Jan 31, 1937 Death is said to have occurred on the date stated above, at 8 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1-22-37
Other contributory causes of importance: Hypoplastic anemia	1934

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Frank R Stephenson, M. D.

(Address) St Joseph's Hosp

Dr. Packard - 3201 St. Paul St.

F 31903

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31903

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3407 Chestnut Ave 3-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yr. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William M. Ward

If U.S. Veteran specify WAR .....

(a) Residence: No. 3407 Chestnut Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frances A. Ward

6. DATE OF BIRTH (month, day, year) June 22, 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME William Ward

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Robinson

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Grover C. Ward
(Address) 3407 Chestnut Ave.

18. BURIAL, CREMATION, OR REMOVAL
Woodlawn Date Feb 3, 1937

19. UNDERTAKER Chenoweth Son
(Address) 36 S. 17th Chestnut Ave

20. FILED Feb 3 - 1937 [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 '37 to Jan 31 '37

I last saw him alive on Jan 31, 1937 Death is said to have occurred on the date stated above, at 12 35 a.m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
(Chronic Endocarditis	Jan 1935
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? .....

What test, confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Packard M. D.

(Address) 3201 St. Paul St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

31904

F 31904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH 1502 Whitelock St., Balto., Md. Registered No. 13-3

CITY OF BALTIMORE: (No. 1502 Whitelock St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Rebecca Hungee

(a) Residence: No. 1502 Whitelock St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed William Hungee

6. DATE OF BIRTH (month, day, year) Dec. 28, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
72	72	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md

FATHER

13. NAME: William Crane

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Sarah Hammond

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Sarah Upshur
(Address) 1502 Whitelock St

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem. Date Feb 4, 1937

19. UNDERTAKER: Samuel M. Chase Son
(Address) 638 N. Fulton

FILED FEB 3 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1937, to Jan 31, 1937

I last saw h[illegible] alive on Jan. 31, 1937. Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Heart Disease	July 1936

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) McDonald Bando M. D.

(Address) 2745 Druid Hill Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31905

F 31905 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General 27-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Antoinette Schiffner

(a) Residence: No. 3800 Southern Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) July 3 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Joseph Sepiuka

14. BIRTHPLACE (city or town) (State or country) South America

MOTHER

15. MAIDEN NAME Rosie Saints

16. BIRTHPLACE (city or town) (State or country) South America

17. INFORMANT Rosa Busch

(Address) 4115 La Salle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Rockville, Md Date Feb 5, 1937

19. UNDERTAKER H R Pumphrey

(Address) Rockville Md

20. FILED FEB 5 - 1937 By Wilmer ND Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-2-37 19

22. I HEREBY CERTIFY, That I attended deceased from 12-31-37, 19..., to 2-2-37, 19...

I last saw h.. alive on 2-2-37, 19... Death is said to have occurred on the date stated above, at 4'15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Arteriosclerotic Heart Disease	
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) James L. Webb M. D.

(Address) 1213 Light St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 31906

F 31906 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12-1 164-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 300 E. North Ave. St., 12 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 1 mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Rowland Lowdenslager.

(a) Residence: No. 300 E. North Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or WIFE of) Isabel Lowdenslager.

6. DATE OF BIRTH (month, day, year) December 22, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real estate agent.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John W. Lowdenslager.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Rebecca E. Rothrock.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Isabel Lowdenslager. (wife)
(Address) 2122 Bolton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Feb 3 1937

19. UNDERTAKER Thos. J. Fickus & Son
(Address) Huntingdon, Pa.

20. FILED FEB 3 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 31, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating gas poisoning.	
Suicide.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 1/31/37

Where did injury occur? 300 E. North Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home.

Manner of injury Illuminating gas poisoning

Nature of injury from gas range.

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

2/3/37 (Signed) Otto M. Reinhardt, M. D. Coroner
(Address) 1017 S. Charles St.

SEE CAUSE OF DEATH in plain terms. Indefinite or illegible terms will not be accepted. OCCUPATION is very important. See instructions on back of certificate.

F 31907

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31907

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md-Gen Hos Ward) 21-2

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Stephens

If U. S. Veteran specify WAR

(a) Residence: No. Md Gen Hos St., 959 Woodward St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Infant

6a. If married, widowed, or divorced — Infant
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 1-37

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Howard Stephens Jr.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Charlotte Hendtermark

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Ada Hendtermark

(Address) 959 Woodward st

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Feb 3 1937

19. UNDERTAKER Wm J Dickey & Sons

(Address) Frank Ma Ave

20. FILED Feb 3 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-2 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-1-37, 19, to 2-2-37, 19

I last saw him alive on 2-2-37, 19 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity. — Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. D. Stephens, M. D.

(Address) Md Gen Hos

OCCUPATION is very important. See instructions on back of certificate.

VS 3

B-3 - 1531

Spec.—12-8-25—A Co.—200 Bks.

31908

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31908

CERTIFICATE OF DEATH.

96

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1329 N. 40 St. 238 Ward)

2-FULL NAME Louis C. Riley

(a) RESIDENCE NO. 1329 N. 40th St. 21 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret DeHaven Riley

6 DATE OF BIRTH (month, day, and year) Nov 10 1899

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	37	2	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shipping Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Coal

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER John H Riley

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Kate Stumpf

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Mrs Margaret Riley

(Address) 1329 N 40th St

15 Filed ... 19 ... Registrar

2-1937

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1937 Feby. 1st

17 I HEREBY CERTIFY, That I attended deceased from April 1st 1936, to Feby 1st, 1937, that I last saw him alive on Feby 1st, 1937, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Aneurism arch Aorta

(duration) ...yrs. 10 mos. 1 ds.

CONTRIBITORY (Secondary) Nephritis

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Trg

(Signed) Sherman R. Hawk, M. D.

2/2, 1937 (Address) 2601 Montebello Ter

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — Date of Burial Feb 3 1937

20 UNDERTAKER Hardy & Wiske — ADDRESS 2107 Edmondson Ave

Very important. See instructions on back of certificate.

F 31909

F 31909 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH 1829 Kavanaugh St. 15-2

CITY OF BALTIMORE: (No. 11 1 2 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rosa Howard

(a) Residence: No. 1829 Kavanaugh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

3a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: James Howard

6. DATE OF BIRTH (month, day, year): Oct. 21-1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Peter Robinson

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Linetta Blake

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Ella Whiting

(Address): Lansdowne Md

18. BURIAL, CREMATION, OR REMOVAL

Place Lg Auburn Date 2-3 1937

19. UNDERTAKER: Mrs W. H. Hollins

(Address): 1424 Pennsylvania Ave

FILED FEB 3 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-31- 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 14 1936 to Jan 31- 1937

I last saw h.m alive on 1-29 1937. Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

Cardiac failure (decompensation) — Date of onset: 4 mo ago

Other contributory causes of importance: Nephritis, arteriosclerosis

Was an operation performed? no Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Boykin M. D.

(Address) 1512 Eutaw St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 31910 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31910

CERTIFICATE OF DEATH

✓166

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balt Harbor Edem Lancaster St. 7-4 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR

2. FULL NAME Richard Faggin

(a) Residence: No. 927 N. Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colred	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: X

6. DATE OF BIRTH (month, day, year): Jan 11 1914

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
23	—	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Boat
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Farmville Virginia

FATHER
13. NAME: Moses

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER
15. MAIDEN NAME: Martha Jackson

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Moses Faggin
(Address) Farmville Va

18. BURIAL, CREMATION, OR REMOVAL
Place: Farmsville Va Date: Feb 3 1937

19. UNDERTAKER: Robert Williams
(Address) 15 15 McCeary St Whitehaven, Md

20. FILED FEB 3 - 1937 Washington D C
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 28, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquest find that said deceased came (Inquest, Autopsy or Inquiry) to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, ~~or~~ homicide? Accident Date of injury Jan 28, 1937

Where did injury occur? Balt Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Balt Harbor

Manner of injury Jumped overboard

Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. M. Ringler Coroner, M. D.

(Address) 1916 S. Ellwood Ave

Use OCCUPATION in very important. See instructions on back of certificate.

323928

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31911

CERTIFICATE OF DEATH

91-a F 31911

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 16-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Paul B. Harris

(a) Residence: No. 711 N. Stricker St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cordelia Harris

6. DATE OF BIRTH (month, day, year) 7/5/93

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year) ——

11. Total time (years) spent in this occupation ——

12. BIRTHPLACE (city or town) (State or country) Nashville N. C.

FATHER

13. NAME Abraham Harris

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Charlotte Bergin

16. BIRTHPLACE (city or town) (State or country) N. C

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSP.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date 2-3rd 1937

19. UNDERTAKER Bryon & Maniece W. Wright
(Address) 1210 Mc Elderry St.

FEB 3 1937 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1937 to Jan 31, 1937

I last saw him alive on Jan 31, 1937 Death is said to have occurred on the date stated above, at 1 35 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bact. endocarditis. Etiology?	
Card. insufficiency - ruptured cusp	

Other contributory causes of importance:

Aortic	

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19..

Where did Injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Frederick C. Wiebers Jr. M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 31912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

F 31912

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? 25 yrs. mos. ds.

2. FULL NAME Bessie Solomon

If U.S. Veteran specify WAR

(a) Residence: No. 258 N. Pine St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE: Herman Solomon

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 72 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Isaac Lubinsky

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Sarah

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: J. Solomon

(Address) 258 N. Pine St

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Date 2-9-37, 19

19. UNDERTAKER: John Sinai Inc

(Address) 1439 E. Baltimore St

20. FILED FEB 3 - 1937 Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/5/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 19 37 to Feb 3, 19 37

I last saw her alive on Feb 3, 19 37 Death is said to have occurred on the date stated above, at 5:50 m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset

Cardiac failure

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Rosenau M. D.

(Address) Sinai Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 31913 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C F 31913

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 N. Pulaski St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clark Fannie Feinberg

If U. S. Veteran specify WAR .....

(a) Residence: No. 1703 N. Pulaski St., / Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis Feinberg

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Hyatt

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Bares

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mavis Feinberg

(Address) 1703 N. Pulaski St

18. BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date 2/3/37 19

19. UNDERTAKER Cook Evans Co

(Address) 2439 E. Baltimore St

20. FILED FEB 3 - 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2 . 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above. 8:20 am,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Harry Carnes M. D.

Coroner

(Address) 1215 Hanover

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Also OCCUPATION is very important. See instructions on back of certificate.

Y 56

M. D. F 1268-9

F 31914 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a F 31914

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. W. Balto Gen. Hosp St. 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth 57 yrs. mos. ds.

2. FULL NAME Benjamin Holman

(a) Residence: No. 2514 Loyola Southway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Jewish	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Holman

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~60~~	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 6 0 1 6

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Hirsch

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
North Pt. to German Hill Rd - 2-3-37

19. UNDERTAKER Jas. Lowe
(Address) 1439 E. Balto St.

FEB 3 - 1937 Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-3-37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1/23/37 . 19 . to 2/3/37 . 19

I last saw h/m alive on 2/3/37 . 19 . Death is said to have occurred on the date stated above, at 7:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	
Angina Pectoris	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George Schonfeld . M. D.

(Address) West Balto Gen. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31915

CERTIFICATE OF DEATH

F 31915

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital Ward 21-1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katherine Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 213 Scott St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 21, 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) High Point N. C.

FATHER

13. NAME A. G. Johnson

14. BIRTHPLACE (city or town) (State or country) High Point N. C.

MOTHER

15. MAIDEN NAME Robie

16. BIRTHPLACE (city or town) (State or country) Abingdon Va.

17. INFORMANT A. G. Johnson

(Address) 213 Scott St

18. BURIAL, CREMATION, OR REMOVAL

Place Morelock Rock Date Feb 4 1937

19. UNDERTAKER Albert W Peregoy

(Address) 440 E North Ave

FEB 3 - 1937 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-29-, 1937 to 2-2-, 1937

I last saw her alive on 2-2-, 1937 Death is said to have occurred on the date stated above, at 6.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Measles	11 days
Other contributory causes of importance: Diarrhea	5 days

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Milwaghetstein M. D.

(Address) Sydenham Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

32421 F 31916 CERTIFICATE OF DEATH 1227 F 31916

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. ..... St. 11-2 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helia Symington Goode
(a) Residence: No. 701 Cathedral St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widow

5a. If ~~Married~~, widowed, or ~~divorced~~
~~HUSBAND~~ (or) WIFE of Late John Goode

6. DATE OF BIRTH (month, day, year) Md. 9/8/67

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
69	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME W. Stuart Symington
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Helia Powers
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Feb 4th 37

19. UNDERTAKER Henry H. Jenkins & Sons
(Address) Eutaw and Lanvale Sts

20. FILED FEB 3 - 1937 Huntington Williams, Jr.
Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1937 to Feb 2 1937
I last saw h.. alive on Feb 2 1937. Death is said to have occurred on the date stated above, at 9:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diaphragmatic pleurisy	Jan 17, '37
Pulm. Infarct	" 21, '37
Circulatory failure	" 23, '37
Partial Postural asthenia	" 25, '37

Other contributory causes of importance:

Was an operation performed? NO Date of .....
For what disease or injury? .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B. Hollis Hand, M. D.
(Address) 626 N. Washington St.

#4376

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31917 CERTIFICATE OF DEATH 92-a **F 31917**

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3632 Roland Ave St. 13-6 Ward)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John L Mowbray Sr

(a) Residence: No. 3632 Roland Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Margaret E. Bowers

6. DATE OF BIRTH (month, day, year) September

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	97	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

FATHER

13. NAME Patrick Bowers

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Lovelace

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Dr John L Mowbray Sr
(Address) 3632 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Cemetery Date Feb 4 1937

19. UNDERTAKER Thos J Kirkland
(Address) 2121 Eutaw Pl

FILED FEB 3 1937 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1 1937

I HEREBY CERTIFY, That I attended deceased from Jan 12 1937 to Feb 1 1937

last saw h[illegible] alive on Feb 1 1937. Death is said to have occurred on the date stated above, at 5-a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	1930
Heart.	
Other contributory causes of importance: Pneumonia	1/30/37

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

21. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

(Signed) John L Mowbray M. D.

(Address) 3632 Roland Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31918

CERTIFICATE OF DEATH

121

F 31918

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Great Balto Gen'l Hosp Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Max Baker

(a) Residence: No. 2436 Eutaw Pl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ida H. Baker

6. DATE OF BIRTH (month, day, year) Aug 28 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	5	34	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. dealer 0045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME William Baker

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah Ribe

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Ida H Baker
(Address) 2436 Eutaw pl

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Washington Rd Date Feb 3 1937

19. UNDERTAKER Sol Levinson & Bros
(Address) 1127 E Balto St

20. FILED FEB 3 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/29 1937 to 2/1 1937

I last saw him alive on 2/1/37 Death is said to have occurred on the date stated above, at 1020 Pm

The principal cause of death and related causes of importance were as follows:

Ruptured Gangrenous appendicitis with general peritonitis — Date of onset 1/27/37

Other contributory causes of importance:

Name of operation Drainage of abdomen 1/29/37 Date of Counter drainage 1/31/37

What test confirmed diagnosis Operation there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1937

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, (Signed) J. Alexander M. D.

(Address) Great Balto Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 31919

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31919

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mercy Hospital — 13-4 — 186-a — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Cecelia Kirchberg — If U. S. Veteran specify WAR .....

(a) Residence: No. 3316 Auchentaroly St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of "

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about	88			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Nathan Kirchberg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henriette Z

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs Rose Fox 3316 Auchentaroly Terrace

18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship 2/5/37

19. UNDERTAKER (Address) Chas. H. Jones 2432 Eastern Ave

20. FILED FEB 3 - 1937 Huntington Wills, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2 , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)
to ..... death on the day stated above. 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of left femur	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc. Date of injury 1/1 , 1937

Where did injury occur? 3316 Auchentaroly Terrace
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury, Fell. Stumbled

Nature of injury Abrasion

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Jary Graner M. D.
Coroner

(Address) 615 Fremont

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

M. D. B 1268-9

F 31920 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31920

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore St. 1-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Antonina Olek

(a) Residence: No. 2532 Fait Ave St., ... Ward.
(Usual place of abode) Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pawel Olek

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph Hoffman

14. BIRTHPLACE (city or town) (State or country) not known

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Pawel Olek
(Address) 2532 Fait ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date 2/4 37 19

19. UNDERTAKER John J Pudas
(Address) 2201 Hudson St

20. FILED FEB 3 1937 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 19 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Nature of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31921 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31921

20674

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Topal (Topolski)

If U. S. Veteran specify WAR

(a) Residence: No. 2903 Dillon Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-30-1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Can

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Vernon Topal

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Catherine Sadosky

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary. Date 2/5 37

19. UNDERTAKER John F. Pyda

(Address) 2811 Hudson St

20. FILED 2-5-1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-1 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-29, 1937 to 2-1, 1937

I last saw her alive on 2-1 1937 Death is said to have occurred on the date stated above, at 8 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	1yr.
Other contributory causes of importance: Tuberculous Peritonitis & intestinal obstruction	7 days

Was an operation performed? Yes Date of 1-29-37

For what disease or injury? Intestinal obstruction

Name of operation Release of obstruction

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) H. Hoover, M. D.

(Address) Balt. City Hosp

State CAUSE OF DEATH in plain terms so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 31922

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31922

CERTIFICATE OF DEATH

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 26-11 Ward)

Length of residence in city or town where death occurred ..... yrs. 3 mos. 23 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Clarke Severson

If U.S. Veteran specify WAR .....

(a) Residence: No. 822 Southeast Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 7, 1936.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	23 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hull Md
(State or country)

FATHER

13. NAME Thomas Severson

14. BIRTHPLACE (city or town) Baltimore.
(State or country)

MOTHER

15. MAIDEN NAME Benedicta Cameron.

16. BIRTHPLACE (city or town) Baltimore.
(State or country)

17. INFORMANT Father,
(Address) 822 S Eastern.

18. BURIAL, CREMATION, OR REMOVAL
Place Newbaptist Hal Date 2/3/ 1937

19. UNDERTAKER John A. Moran
(Address) 3000 E. Baltimore St

20. FILED ..... 19.....
..... Registrar.

FEB 3 - 1937 Huntington Williams, MD

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1st 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1937 to Feb 1st 1937

I last saw him alive on Jan 31 1937. Death is said to have occurred on the date stated above, at 5:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Bronchopneumonia~~ Lobar pneumonia, right upper lobe	1-20-37

Other contributory causes of importance:

~~Diarrhea~~.	1-24-37

Was an operation performed? No Date of ~

For what disease or injury? ~

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ~

(Signed) Irving Freeman, M. D.

(Address) Mercy Hospital

F 31923 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31923

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 76-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ebert, Charles

If U. S. Veteran specify WAR

(a) Residence: No. 3310 Leverton Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/8/36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
6 Months	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Charles Ebert

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Ina Hattic

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 2/41 19 37

19. UNDERTAKER John J. Moran
(Address) 3000 E Baltimore

20. FILED ... 19 ... Registrar.

FEB 3 - 1937 Huntington Hillcrest, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-2, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-22, 1937, to 2-2, 1937

I last saw him alive on 2-2, 1937. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-20-37
Empyema	1-28-37
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R B Jones M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31924

F 31924 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-e

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 411 N. Belnord ave St., 6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hannah Sullivan
If U.S. Veteran specify WAR .....

(a) Residence: No. 411 N. Belnord St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James J. Sullivan

6. DATE OF BIRTH (month, day, year) Feb 23 - 1864

7. AGE: Years 82 | Months 11 | Days 10 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME Michael Kennedy
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Elizabeth Bingham
16. BIRTHPLACE (city or town) (State or country) Ire.

17. INFORMANT Mrs. Mary Sullivan
(Address) 411 N. Belnord ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 2/4/ 1937

19. UNDERTAKER John J. Noon
(Address) 2006 E. Baltimore

FILED FEB 2 - 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/1/ 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-19 1937 to 2-1 1937
saw her alive on 2-1 1937. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:
Arteriosclerosis, general
Myocardial degeneration
Date of onset ?

Other contributory causes of importance:
Chronic bronchitis

Was an operation performed? No Date of —
For what disease or injury? —

What test confirmed diagnosis? Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) John J. Gould, M. D.
(Address) 14 W. East ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31925

F 31925 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital S-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Johanna Schlutter

(a) Residence: No. 2220 E. Erdman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 27-1859

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	77	2	4	5

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME John G. Schlutter

14. BIRTHPLACE (city or town) (State or country) Saxony Germany

MOTHER

15. MAIDEN NAME Johanna Schroedner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Anna Schlutter
(Address) 2220 E. Erdman Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Feb 3. 1937

19. UNDERTAKER Josiah Effler
(Address) 1605 N. North Ave

20. FILED FEB 3 - 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 1 1937

22. I HEREBY CERTIFY, That I attended deceased from June 19 1937 to Feb 1 1937
I last saw h. alive on Feb 1 1937 Death is said to have occurred on the date stated above, at 11 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	1-17-37
Other contributory causes of importance:	
Chronic Myocarditis	?

Was an operation performed? yes Date of 1-22-37
For what disease or injury? Intestinal Obstruction
What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..19..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Frank R Stephenson M. D.
(Address) St Joseph's Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 31926

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31926

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3125 W. North Ave St., 15-6 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret V. Inc. Govan

(a) Residence: No. 3125 W. North Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William L. Inc. Govan

6. DATE OF BIRTH (month, day, year) Jan 17 1861

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	76		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Carroll Co (State or country) Md.

FATHER

13. NAME Christopher Hookey

14. BIRTHPLACE (city or town) Maryland (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Shroan

16. BIRTHPLACE (city or town) Upper Bridge Manchester (State or country)

17. INFORMANT Mrs. Emma Blanche (Address) 3125 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Feb 4 1937

19. UNDERTAKER Jerrold Syfer (Address) 1000 Reed St

20. FILED Feb 4 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/26/37 19.. to 2/1/37 19..

I last saw h.. alive on 2/1/37 19.. Death is said to have occurred on the date stated above, at 11-20 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset 1/26/37

Other contributory causes of importance:

Senility

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jno. Boyle M. D.

(Address) 3045 W. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

3-3-1937

31927 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31927

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward 9)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Louis LeBrun

If U.S. Veteran specify WAR

(a) Residence: No. 812 S Conkling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE~~ of Mrs Leona LeBrun

6. DATE OF BIRTH (month, day, year) Aug. 1, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil company

10. Date deceased last worked at this occupation (month, year) Jan. 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John LeBrun

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Charlotte Geer

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Leona LeBrun
(Address) 812 S. Conkling St

18. BURIAL, CREMATION, OR REMOVAL
Place Maryland Memorial Park Date 2/6/37

19. UNDERTAKER John Weber
(Address) 2008 Division

20. FILED FEB 2 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1937 to Feb. 2, 1937

I last saw him alive on Feb. 2, 1937. Death is said to have occurred on the date stated above, at 9:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	1/27/37
Other contributory causes of importance: Paralytic Ileus	1/27/37

Was an operation performed? Yes Date of Jan. 19, 1937

For what disease or injury? Acute Appendicitis

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wesley J. Keller M. D.

(Address) The Church Home & Inf.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31928

HEALTH DEPARTMENT—CITY OF BALTIMORE F 31928

CERTIFICATE OF DEATH

131

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 Wilcox St 10-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ....

2. FULL NAME Elizabeth Tasker.

(a) Residence: No. 1006 Wilcox St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Color-	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Williams

6. DATE OF BIRTH (month, day, year) July 15 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53 54	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 00?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Heath

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Marie Brown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lottie Neal

(Address) 1006 Wilcox St.

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem. Date Feb 4 1937

19. UNDERTAKER H. Ford Elliott-Haughey

(Address) 1124 Hardin Ave.

FILED FEB 3 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-30-1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1937 to Jan 27, 1937

I last saw her alive on Jan 27, 1937. Death is said to have occurred on the date stated above, at 5.30 a.m. 1/30/37

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch nephritis.	
Ch hypertonitis	

Other contributory causes of importance:

Was an operation performed? No Date of ....

For what disease or injury? No

Name of operation — Date of ....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ...., 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) A. L. Hornstein, M. D.

(Address) 733 Ausquith St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 31929

F 31929 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Gen. Hosp. St. 8-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Elizabeth McCleary

(a) Residence: No. 1714 N. Collington Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eli McCleary

6. DATE OF BIRTH (month, day, year) Aug 31 - 1874

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
62	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Bensel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Whilemena Repp

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Eli McCleary

(Address) 1714 N Collington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Feb 5 1937

19. UNDERTAKER Lilly & Zeiler Inc

(Address) 4030 Wolfe St

20. FILED FEB 3 - 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-2-37 . 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30 - 1937 . 19 ... to Feb. 2 - 1937 . 19 ... Last saw her alive on 2-2-37 . 19 ... Death is said to have occurred on the date stated above, at 11.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis Uremia	?

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Milton Levin . M. D.

(Address) WB. & H

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3

F 31930

F 31930

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. 5 mos. 12 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Harvey Little

If U.S. Veteran specify WAR No

(a) Residence: No. Queenstown, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 1, 1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	8	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Louis Little

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ann (?) Rick

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Self

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

JOHNS HOPKINS MEDICAL SCHOOL Date FEB 2 - 1937 19

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address) .....

20. FILED — 19 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan 30 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 18 1936 to Jan. 30, 1937

I last saw him alive on Jan. 30, 1937. Death is said to have occurred on the date stated above, at 8 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous pneumonia	1-25-37
Other contributory causes of importance: Pott's Disease	4½ yrs ago

Was an operation performed? Yes Date of Sept. 1936

For what disease or injury? Psoas Abscess - tuberculosis

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Reid Lafeal Beers M. D.

(Address) Mercy Hospital

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31931 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31931

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital - Grace & Redwood St. St., 797 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Core

If U.S. Veteran specify WAR .....

(a) Residence: No. 309 N. Gilmor St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 28, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Nathaniel Core

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Virginia Woods

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL FEB 3 - 1937

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED ..... Registrar.

29 57

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 29. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28 1937 to Jan. 29 1937

I last saw him alive on Jan. 29 1937. Death is said to have occurred on the date stated above, at 2 45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Prematurity	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

What was confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Israel Rosen, M. D.

(Address) University Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31932

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 31932

X 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bessie Johnson — If U. S. Veteran specify WAR .....

(a) Residence: No. Camp Springs Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Josh Johnson

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 6097

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ..... (State or country) Md.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) ..... (State or country) Md.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) ..... (State or country) Md.

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
JOHNS HOPKINS MEDICAL SCHOOL FEB 2 - 1937 19
Commissioner of Health

19. UNDERTAKER For H. A. Moore
(Address)

20. FILED ..... 19 ..... Registrar

#2954

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 28, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. C. Wilson, M. D.
Coroner

(Address) 2537 W North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

31933 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 31933

12754

CERTIFICATE OF DEATH

82-a

24-3

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. ..... Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward H. Prince

(R) Residence: No. 255 E. Hamburg St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie C. Prince

6. DATE OF BIRTH (month, day, year) 7-15-1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sawyer for 86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Picture-frame fac

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 31 yrs

12. BIRTHPLACE (City or town) Baltimore, Maryland
(State or country)

FATHER

13. NAME George Prince

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Mary J. Bennett

16. BIRTHPLACE (city or town) New York
(State or country)

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date Feb. 5, 1937

19. UNDERTAKER Theodore Evans
(Address) 1400 N. Charles St

20. FILED ..... 19 ..... Registrar

E-1551

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-31, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-21, 1932 to 1-31, 1937

I last saw h.l M alive on 1-31, 1937 Death is said to have occurred on the date stated above, at 10:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	48 hrs.
Other contributory causes of importance: Multiple Cerebral Hemorrhages	Unk

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Ramey M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31934

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31934

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. 21-1 St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ..... If U. S. Veteran specify WAR .....

(a) Residence: No. ..... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) .....
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 3/4/37, 19

19. UNDERTAKER Tho. J. Kemp
(Address) 1600 Hollins Ave

FEB 3 1937 Huntington Williams Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ....., 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 31935

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31935

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 10-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mns. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Loretta C. (Mrs. William P.) Schwartz (Schwartz)

If U. S. Veteran specify WAR .....

(a) Residence: No. 1046 Valley St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William B. Schwartz

6. DATE OF BIRTH (month, day, year) June 30 1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34 yrs	7	4 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) Sept. 1936

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Kirby

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Catherine McKeown

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT (Husband) Wm. B. Schwartz

(Address) 1046 Valley St.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cathedral Cemetery Date Feb. 6, 1937

19. UNDERTAKER Elmer W. Conklin

(Address) 924 E. Eager St.

20. FILED ..... By ..... Registrar

B 3-1931 Huntington Publishing Co.

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 28th, 1936 to Feb. 3rd, 1937

I last saw h.. alive on Feb. 2nd, 1937. Death is said to have occurred on the date stated above, at 3:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Essential Hypertension with Arteriosclerosis & Nephritis	12 / 35
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. B. Smith, M. D.

(Address) Union Memorial Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31936

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31936

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 2235 Pelham Ave. St., 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Minerva Foard

(a) Residence: No. 2235 Pelham Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, year) Oct. 26, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME William Foard

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Foard

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Mrs. Foard,
(Address) 2235 Pelham Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Fork M.E. Cem. Date Feb. 4 1937

19. UNDERTAKER Frederick Rose Inverlaw
(Address) 7401 Belair Road

B 3-1937 Huntington Williamsburg Va.

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 1st 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 13 1936 to Feby 1 1937

I last saw her alive on Feby 1 1937 Death is said to have occurred on the date stated above, at 9:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum	about 15 mos. ago
Other contributory causes of importance: Carcinoma Rectum	same

Was an operation performed? no Date of ✓

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Morris B. Grieg M. D.

(Address) 5543 Harford Rd Baltimore Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31937

F 31937 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Brooklyn. — 31

CITY OF BALTIMORE: (No. 614 Patapsco Ave E. St., 25 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 11 mos. 29 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Schmidt. — If U. S. Veteran specify WAR .....

(a) Residence: No. 614 Patapsco Ave E. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: ~~Female~~

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of: Frank Schmidt.

6. DATE OF BIRTH (month, day, year): Feb. 2nd 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Geo. Linamuyer

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Katherine Drechler

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Margaret J. Schmidt.
(Address) 614 Patapsco Ave

18. BURIAL, CREMATION, OR REMOVAL: Holy Cross A A Co Date Feb 4 1937

19. UNDERTAKER: Bernard E Hahn
(Address) 121 E West St

FILED: Huntington Phillips, M.D.

FEB 3 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 31st 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1935 to Jan. 31, 1937

I last saw her alive on Jan. 30, 1937 Death is said to have occurred on the date stated above, at 7.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypotensive cardio vascular renal disease	Feb. 5, 1935
Other contributory causes of importance:	

Was an operation performed? no Date of -- - -

For what disease or injury? - - -

Name of operation - - - Date of .....

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Harry Leibel, M. D.

(Address) 1284-1226 Hanover St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 31938

31938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md Penitentiary Hospital (Ward) 10-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Morris Dyson

(a) Residence: No. 954 Forest St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 20th, 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Naylor, Maryland Prince George County

FATHER

13. NAME Morris Dyson

14. BIRTHPLACE (city or town) (State or country) Naylor Maryland

MOTHER

15. MAIDEN NAME Lena Middleton

16. BIRTHPLACE (city or town) (State or country) Naylor Maryland

17. INFORMANT Himself

(Address)

18. BURIAL, CREMATION, OR REMOVAL Upper Marlboro Md Feb 3 1937

19. UNDERTAKER Pitchford Bros.

(Address) Upper Marlboro, Md

B 3-1537 Huntington Williams, Funeral Dir.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2nd 1937

22. I HEREBY CERTIFY, That I attended deceased from August 30th 1936 to February 2nd 1937

I last saw him alive on February 2nd 1937 Death is said to have occurred on the date stated above at 6:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-25-37

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John F. Ambrey, M. D.

(Address) Penitentiary Capt 34th & Guilford Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31939

F 31939 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Augusta Trentzsch Trentzsch

(a) Residence: No. 1727 E. 32nd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Herman Trentzsch

6. DATE OF BIRTH (month, day, year) April 9th 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germy

FATHER

13. NAME William Schmidt

14. BIRTHPLACE (city or town) (State or country) Germy

MOTHER

15. MAIDEN NAME Hickmore

16. BIRTHPLACE (city or town) (State or country) Germy

17. INFORMANT Charles W. Trentzsch
(Address) 1727 E. 32nd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Feb 4th 37

19. UNDERTAKER E. Schloman & Son
(Address) 1039 Hanover St.

20. FILED ..... 19 ..... By ..... Registrar

B 3-1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2 , 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 , 1937 to Feb 2 , 1937

I last saw h.. alive on Feb 2 , 1937 Death is said to have occurred on the date stated above, at 3 15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Gangrene Rt. foot	2 wks
Chronic Myocarditis	?

Other contributory causes of importance:

Anasarca	
Terminal Bronchio-pneumonia	2 days

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Frank R Stephenson M. D.

(Address) St. Joseph's Hospital.

F state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31940

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31940

CERTIFICATE OF DEATH

28-4 95-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home St., 28 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Kull

If U.S. Veteran specify WAR

(a) Residence: No. German Aged Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) October 9, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Frederick Kull

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Reider

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Records - German Aged Home
(Address) Athol Ave., Irvington

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery on Feb. 4 '37

19. UNDERTAKER Joseph H. Cook
(Address) 1003 W. Baltimore St.

B 3-1937 Filed Feb. 4 1937 Harrington Withers, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1/36, 19 , to Feb. 2/37., 19 .

I last saw her alive on Jan. 31/37., 19 . Death is said to have occurred on the date stated above, at 6.45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Arterio-Sclerosis. Unknown	

Other contributory causes of importance:

Chronic Cardiac Hypertrophy. Unknown

Was an operation performed? No. Date of

For what disease or injury?

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Henry Theus Schmidt M. D.

(Address) 963 Hanover St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 20-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Blanche Hubbard

If U. S. Veteran specify WAR .....

(a) Residence: No. 2165 Booth St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 14, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None apld

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Lester Hubbard

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Margaret Shipley

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mother

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 4 19 37

19. UNDERTAKER George L. Lohmeyer

(Address) 701 Cathedral St

B 3-1931 Arlington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Feb 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1937 to Feb 3, 1937

I last saw her alive on Feb 3, 1937. Death is said to have occurred on the date stated above, at 7 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Meningococcus septicemia	2-2-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Francis D. Schweitzer M. D.

(Address) Sydenham Hospital

F 31941

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31942

F 31942 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-13

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University of Md St. 4-W Ward)

Length of residence in city or town where death occurred — yrs. — mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James D Mitchell

If U.S. Veteran specify WAR .....

(a) Residence: No. Mt Airy Md St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry E Mitchell

6. DATE OF BIRTH (month, day, year) Aug 7 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Metropolitan

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Co ~~Dist~~ Dist Supt

10. Date deceased last worked at this occupation (month and year) Dec 1922

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Wesley Mitchell

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Hester Dorman

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Henry E Mitchell

(Address) Mt Airy Md

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date FEB 5 1937

19. UNDERTAKER Robert S Little

(Address) 2700 Edmondson Av

FILED FEB 3 1937 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (month, day, year) FEB 2 1937

2. I HEREBY CERTIFY, That I attended deceased from 2-1-37, 19 ... to 2-2-37, 19 ...

I last saw h[illegible] alive on 2-2-37, 19 ... Death is said to have occurred on the date stated above, at 11:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
UREMIA	
CARDIAC Decompensation	
BRONCHIAL PNEUMONIA	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? CLINICAL Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) J Kenneth Edgerton M. D.

(Address) University Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31943

✓F 31943

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4013 Bateman Ave. St. 15-9 Ward)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Harrison McKewin, If U. S. Veteran specify WAR

(a) Residence: No. 4013 Bateman Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora May McKewin,

6. DATE OF BIRTH (month, day, year) November 25. 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Master Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME William I. McKewin,

14. BIRTHPLACE (city or town) (State or country) Baltimore City

MOTHER

15. MAIDEN NAME Alice P. Brown,

16. BIRTHPLACE (city or town) (State or country) Westminster Md.

17. INFORMANT Mrs Cora May McKewin,
(Address) 4013 Bateman Ave.

18. BURIAL, CREMATION, OR REMOVAL FEB 5 1937
Place Druid Ridge Date 19

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave.

B 3 1937 Huntington Hilleman, MD

MEDICAL CERTIFICATE OF DEATH

FEB 3 1937

21. DATE OF DEATH (month, day, year) 19

22. I HEREBY CERTIFY, That I attended deceased from June 19 36 to 2/2 19 37

I last saw h[illegible] alive on 2/2 19 37 Death is said to have occurred on the date stated above, at 9.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	

Other contributory causes of importance:

Internal hemorrhage

Was an operation performed? Yes Date of Dec 1936

For what disease or injury?

Name of operation Laparotomy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. J. Polemeni M. D.

(Address) 4710 Liberty Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 31944

F 31944 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 11-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Tait

If U. S. Veteran specify WAR NONE

(a) Residence: No. 1120 N. Charles St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Francis Lamkin Adams Tait

6. DATE OF BIRTH (month, day, year) August 17, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	4 5	16 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fayetteville N.C.

FATHER

13. NAME George Tait

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Rebecca Lesesne

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Mrs. Geo. A. Dornin (Dau'er)

(Address) 319 Hawthorne Rd., Roland Pk.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date 2/4/37 19

19. UNDERTAKER Stewart & Mowen Company

(Address) 108 W. North Ave.

20. Filed 2 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2 , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Renal disease	?
Fracture 12th Vertebra	1-26-37
Cardiac failure	1-2-37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Observed Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 1-26 , 1937

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In his home -

Manner of injury Fell out of bed

Nature of injury Fracture 12th Vertebra

24. Was disease or injury [illegible] related to occupation of deceased?

no If so, specify

(Signed) Coroner, M. D.

(Address) Coroner

B 3

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31945 374

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31945

CERTIFICATE OF DEATH

X 111-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fred S. Feathers

(a) Residence: No. 901 Haddon Ave. St., ... Ward. Collingswood N.J.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Mrs. Fred Feathers

6. DATE OF BIRTH (month, day, year) Feb. 13, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60 yrs	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Samuel

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Amelia Albright

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Harleigh Cem. Camden N.J. Date Feb 4th 1937

19. UNDERTAKER Wm Groff

(Address) 1217 St Paul St

20. FILED Huntington Williams [illegible]

FEB 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3 . 1937

22. I HEREBY CERTIFY, That I attended deceased from January 23 . 1937 to February 3 . 1937

I last saw him alive on February 3 . 1937 Death is said to have occurred on the date stated above, at 3 4.5 p.m.

The principal cause of death and related causes of importance were as follows:

[redacted] Pneumonia Embolism

Date of onset 1/25/37

Other contributory causes of importance: —

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Rachel C. Benson M.D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement: OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 31946

31946 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31946

CERTIFICATE OF DEATH

157-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1814 Nth Register St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Grace Gwendolyn Wilson

(a) Residence: No. 1814 Nth Register St., ... Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec-9-1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Ind

FATHER

13. NAME Wm Dixon Wilson

14. BIRTHPLACE (city or town) (State or country) Roscuisgo Miss

MOTHER

15. MAIDEN NAME Nathalie Williams

16. BIRTHPLACE (city or town) (State or country) Balto Ind

17. INFORMANT Mrs Nathalie Wilson

(Address) 1814 Nth Register

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 2/5 1937

19. UNDERTAKER William Cook

(Address) 1217 St Paul St

20. FILED FEB 7 1937

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb 1 - 1937

22. I HEREBY CERTIFY, That I attended deceased from December 9 1934 to February 2 1937

I last saw her alive on February 2 1937 Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spinabifida with Hydrocephalus	Dec.9 1934
Other contributory causes of importance: La Grippe	Jan.11 1937
Bronchial Pneumonia	Jan.18 1937

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas W. Edmunds M. D.

(Address) 2746 Alameda

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 7 - 1937

Spec.—9-30—A. & Co.—250 Bks.

F 31947

F 31947 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 108

1-PLACE OF DEATH Franklin Square Hospital

REGISTERED NO. 19-4
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... ST ..... WARD)

2-FULL NAME Helen M. Alloway

(a) RESIDENCE NO. 1745 (Usual place of abode) Wilkins Ave ST. ..... WARD ..... No War Record
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~single~~, Married, ~~Widowed~~, or Divorced, (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND OF~~ (or) WIFE of John H. Alloway

6 DATE OF BIRTH (month, day, and year) Sept 27th 1907

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
29	5	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Elliott City Md

PARENTS

10 NAME OF FATHER James Oscar Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co. Md.

12 MAIDEN NAME OF MOTHER Mary Sisk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant John H. Alloway
(Address) 1745 Wilkens Ave

15 Filed FEB 4 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/3/37

17 I HEREBY CERTIFY, That I attended deceased from 1/29/1937 to 2/3/1937

that I last saw her alive on 2/3/1937

and that death occurred, on the date stated above, at 5 45 P. M.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia of right lower lobe

(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) D. T. Baughman M. D.

19 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Feb 6th 1937

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

F 31948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

F 31948

93-c

1 PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5101 Maple Park Ave St. 28 Ward) 3

2 FULL NAME Jacob W. Thompson

(a) RESIDENCE No. 5101 Maple Park Ave St. ..... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Annie E. Thompson

6 DATE OF BIRTH (month, day, and year) Nov. 30, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	61	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired store keeper

(b) General nature of industry, business, or establishment in which employed (or employer) general store business

(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Harford County Maryland

PARENTS

10 NAME OF FATHER Samuel G. Thompson

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Caroline Winchester

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country) Maryland

14 Informant (Address) Mrs Annie E. Thompson Woodlawn, Md.

15 Filed FEB 4 1937 H. Huntington Pollitt Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1, 1937

17

I HEREBY CERTIFY, That I attended deceased from April 25, 1936, to Feb 1, 1937

that I last saw him alive on Jan 30, 1937

and that death occurred, on the date stated above, at 7.40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Degeneration

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? physical findings

(Signed) Joshua H. Amendt M. D.

Feb 1, 1937 (Address) Woodlawn Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem.	Feb. 4 1937.
20 UNDERTAKER John F. Denny	ADDRESS 715 Light St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 31949

F 31949 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Aisquith St. 5-1 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mo. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia White

If U.S. Veteran specify WAR

(a) Residence: No. 207 Aisquith St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 4, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mattie B. Smith

(Address) 1130 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem Date 2/4/ 1937

19. UNDERTAKER Mrs. Frances A. Hemsley

(Address) 57 W. Biddle St

20. FILED FEB 4 - 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 1— 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 23— 1937 to Feb. 1— 1937

I last saw her alive on Jan. 31— 1937 Death is said to have occurred on the date stated above, at 345 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvulits	
Other contributory causes of importance: Chronic Nephritis	—

Was an operation performed? — Date of —

For what disease or injury? no

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. H. Casgrain, M. D.

(Address) 611 N Carolina

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

F 31950

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31950

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH 1373 N. Stricker St

CITY OF BALTIMORE: (No. ..... St. 15-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Martha Crawford Hill

(a) Residence: No. 1373 N. Stricker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Hill

6. DATE OF BIRTH (month, day, year) June 27. 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jordan Eppes

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Martha Crawford

16. BIRTHPLACE (city or town) (State or country) Louisa Co Va

17. INFORMANT Mrs J. M. Hill

(Address) 1340 N. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn cem Date 2 6 1937

19. UNDERTAKER Thos E. Kelson

(Address) 1303 Freeman St

20. FILED FEB 4 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 / 3 / 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1937 to Feb 3, 1937

I last saw h[illegible] alive on Feb 3 1937 death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Feb 3
	over

Other contributory causes of importance:

Heart failure

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

23. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 1733 Penn Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31951

31951 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1346 Stricker St. 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Sparks

If U. S. Veteran specify WAR .....

(a) Residence: No. 1346 Stricker St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 14 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer odd

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Joseph Sparks

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME mary E Johnson

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Laura Brichtman

(Address) 1346 Stricker St

18. BURIAL, CREMATION, OR REMOVAL

Place national cemetery Date 2 8 1937

19. UNDERTAKER Thos. E. Kelson

(Address) 1302 Freeman st

20. FILED ..... 19..... ..... Registrar.

FEB 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/3, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/1, 1937, to 2/3, 1937

I last saw h[illegible] alive on 2/3, 1937. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) D[illegible] M. D.

(Address) [illegible]

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Christine Hubert

31952 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31952

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5331 S. Stricker St. 19-1 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christine Hubert

If U.S. Veteran orally WAR

(a) Residence: No. 5331 Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored.	married.

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Garrison Hubert.

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Joseph Cuse

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME mary Clark.

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Garrison Hubert
(Address) 533 N. Stricker St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date 2/6 37

19. UNDERTAKER Thos. E. Kelson
(Address) 1323 Pennsylvania Ave

20. FILED FEB 4 - 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/2 1937

22. I HEREBY CERTIFY, That I attended deceased from May 5 1936 to Feb 2 1937

I last saw h[illegible] alive on Feb 2 1937. Death is said to have occurred on the date stated above, at 6.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Regurgitation	May 1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) B. F. Hatchett M. D.

(Address) 1218 Park Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

F 31953

F 31953

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓131

1-PLACE OF DEATH: Franklin Square Hospital

CITY OF BALTIMORE: (No. 726 W. Hamburg St. ST. 21-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME: Emma Morris EMMA MORRIS

(a) RESIDENCE NO. Franklin Square Hospital 726 W Hamburg St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 6 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William F. Morris

6 DATE OF BIRTH (month, day, and year): July 4 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mr. William F. Morris

(Address): 726 W. Hamburg St

15 FILED FEB 4 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2/3/37.

17

I HEREBY CERTIFY, That I attended deceased from 1/30/, 19 37, to 2/3/, 19 37

that I last saw h alive on 2/3/, 19 37

and that death occurred, on the date stated above, at 9:40 A. m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio-Vascular Renal Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Abraham Al Levine M. D.

19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Pk Cem.

DATE OF BURIAL: 2/4 1937

20 UNDERTAKER: I. Few McCully

ADDRESS: 130 E Fort

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

31954 HEALTH DEPARTMENT—CITY OF BALTIMORE 31954

CERTIFICATE OF DEATH

194-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 12-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Birch

If U. S. Veteran specify WAR .....

(a) Residence: No. None (Brother) 429 E. 22nd St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-21-1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
65	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Maryland (State or country)

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) England (State or country)

MOTHER

15. MAIDEN NAME MaryConner

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Records of Balto. City Hospts. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date 2/5th 193 7

19. UNDERTAKER Newman Goode (Address) 1217 St Paul Street

20. FILED ..... 19 .....

FEB 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 3 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 7 - 18, 1933, to 2 - 3, 1937

I last saw him alive on 2 - 3, 1937 Death is said to have occurred on the date stated above, at 5-30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	16 hrs
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

Was test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31955 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31955

CERTIFICATE OF DEATH

20696 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm. Parkerson

If U. S. Veteran specify WAR Colored

(a) Residence: No. 724 W. Lexington Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Annie Parkerson

6. DATE OF BIRTH (month, day, year) 9-23-1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia
(State or country)

FATHER

13. NAME Wm. Parkerson

14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Rhoda ?

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Mt Olivet Date 2/4 37

19. UNDERTAKER Marvin Cook
(Address) 1217 St Paul St

20. FILED 19 Registrar

EB 4 1937 Lexington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-2 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-30 1937 to 2-2 1937

I last saw h. alive on 2-2 1937 Death is said to have occurred on the date stated above, at 7A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	1mth

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31956

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31956

CERTIFICATE OF DEATH

91-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital Ward 5

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Camilla Bauerfeind

(a) Residence: No. 131 South Madeira St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Martin Bauerfeind

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Theresa Peters

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT John Bauerfeind

(Address) 217 N Gordon St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb 6 1937

19. UNDERTAKER G. M. Frisbee Son

(Address) 811 N Wolfe St

20. FILED FEB 4 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1936 to Feb. 2, 1937

I last saw her alive on Feb. 2, 1937 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sub. Acute Bacterial Endo-Carditis	Approx. 4 mo. ago
Other contributory causes of importance: Cavernous Stomatitis	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) W. Kenneth Mansfield M. D.

(Address) Women's Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

19711

F 31957 HEALTH DEPARTMENT—CITY OF BALTIMORE F 31957

CERTIFICATE OF DEATH

34-1108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital St. 17-3 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Miller

If U. S. Veteran specify WAR

(a) Residence: No. 726 W. Mulberry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rachel

6. DATE OF BIRTH (month, day, year) May 5 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) N. C.
(State or country)

FATHER

13. NAME Colon Miller

14. BIRTHPLACE (city or town) N. C.
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) N. C.
(State or country)

17. INFORMANT B. C. H. Records
(Address) Rachael Miller 726 Mulberry

18. BURIAL, CREMATION, OR REMOVAL
Place Cemetery Date Feb 6 1937

19. UNDERTAKER Rudolph Halstead
(Address) 9 E Eutaw St. Balto.

20. FILED FEB 4 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-2, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-24, 1936 to 2-2, 1937

I last saw him alive on 2-2, 1937 Death is said to have occurred on the date stated above, at 1450 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1 wk
Other contributory causes of importance: Hypertensive Cardio-Vascular Disease	unk

Was an operation performed? Date of

For what disease or injury?

Nature of operation

Was test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John F. Kenney M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31958 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH ✓ 108 **F 31958**

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3012 Glendale Ave St., 27-5 Ward)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lillian Rebstock

(a) Residence: No. 3012 Glendale Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Rebstock

6. DATE OF BIRTH (month, day, year) Feb. 20. 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	11	5-11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph E. Lambdin

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Lillian Bachmann

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Walter Rebstock
(Address) 3012 Glendale Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Mem. Park Date Feb. 4th 1937

19. UNDERTAKER Henry Lander Sons Inc.
(Address) 1710 Eutaw St

FEB 4 - 1937 Huntington Hill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 27 1937 to February 1 1937

I last saw her alive on February 1, 1937. Death is said to have occurred on the date stated above, at 10:17 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (c) R	
Lung lobe right lower lobe	
Type III.	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Louis Krause, M. D.

(Address) Medical Arts Bldg.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31959 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 31959

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 159 N. Curley St. St. 6-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MRS. LAURA VIRGINIA DORN

If U. S. Veteran specify WAR

(a) Residence: No. 159 N. Curley St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nicholas Dorn

6. DATE OF BIRTH (month, day, year) Mar.15.1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Ellsworth Gray

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Anna Seippel

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mr. Nicholas Dorn (Husband)
(Address) 159 N. Curley St.

18. BURIAL, CREMATION, OR REMOVAL
Oak Lawn Cemetery Place Date Feb.5.1937

19. UNDERTAKER HENRY SANDER & SONS. INC
(Address) Baltimore & Broadway.

20. FILED FEB 4 1937 Huntington Fitzhugh, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb.1.1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936 to Feb. 1 - 37

I last saw h[illegible] alive on 2/31/37 Death is said to have occurred on the date stated above, at 5.55p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cervix Uteri	1yr
Other contributory causes of importance: Uremia	3 days

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. D. Herrmann M. D.

(Address) 2913 E. Baltimore

U. S. WHITE BLANK. Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 4 1937

31960

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31960

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

Length of residence in city or town where death occurred ..... yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eleanora Davis

If U.S. Veteran specify WAR .....

(a) Residence: No. 15 2nd Madison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Negro	Single

5a. If married, widowed or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 2, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME Ernest Davis

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Hattie

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Ernest Davis (Address) 15 2nd Madison St

18. BURIAL, CREMATION, OR REMOVAL Place W. Auburn Date 2/3/37

19. UNDERTAKER Joseph G. Jackson (Address) 1302 Jefferson St

20. FILED FEB 4 - 1937 E. Eglin Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 2, 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1, 16, 1937 to 2, 4, 1937

I last saw her alive on 2, 4, 1937 Death is said to have occurred on the date stated above, at 4:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1.16.37

Other contributory causes of importance: none

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis Clinical & X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) James D. Carr M. D.

(Address) 515 Marlton Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31961 #596

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31961

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-4 Ward) 3 ✓

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Pierce

(a) Residence: No. 921 N. Chapel St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of -

6. DATE OF BIRTH (month, day, year) 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lunch Room

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Car

FATHER

13. NAME Jas. Pierce

14. BIRTHPLACE (city or town) (State or country) N Car

MOTHER

15. MAIDEN NAME Charity Whitehead

16. BIRTHPLACE (city or town) (State or country) N Car

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Halifax Co. Date 2-4-37 19

19. UNDERTAKER James M. Skinner

(Address) 1120 Druid Hill Ave.

20. FILED ... 19 ... Registrar

FEB 4 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 . 1937 to Feb 1 . 1937

I last saw him alive on Feb 1 . 1937 Death is said to have occurred on the date stated above, at 9 4/5 p. m.

The principal cause of death and related causes of importance were as follows:

Asphenamine poisoning?
following administration of .7 gm asphenamine

Date of onset

Other contributory causes of importance:

—

Was an operation performed? No Date of -

For what disease or injury? -

What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury ... 19 ...

Where did injury occur? -

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Carmichael Gilchrist, M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Beatin

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31962

F 31962

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2422 Liberty Heights Ave. 5-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in City or town where death occurred 66 yrs. 7 mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Mary Beaton.

☐ U.S. Veteran specify WAR .....

(a) Residence: No. 2422 Liberty Heights St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Married.

5a. If married, widowed, or divorced (or) WIFE of Angus S. Beaton.

6. DATE OF BIRTH (month, day, year) June 7, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Leyh

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Christine Weyrauch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Arabella C. Payne

(Address) 2422 Liberty Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Feb. 5 1937

19. UNDERTAKER Wm. J. Keeney Sons

(Address) Pont & Patapsco

FILED FEB 7 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2. 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 14 1936 to Feb 2. 1937

I last saw h[illegible] alive on Feb 1- 1937 Death is said to have occurred on the date stated above, at 11.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. J. Costello M. D.

(Address) 335 E 31st St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31963 F 31963

CERTIFICATE OF DEATH.

16-4 94-B

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1808 Raynor Ave ST., 16-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George August Reich Sr.

(a) RESIDENCE NO. 1808 Raynor Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~or Wife of~~ Mrs Florence Reich

6 DATE OF BIRTH (month, day, and year) Apr. 7-1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or .... min.
	58	9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman W.P.A.

(b) General nature of industry, business, or establishment in which employed (or employer) 0062

(c) Name of employer W.P.A.

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Herman Gottlieb Reich

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Eva Madeline Glass

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Fred W. Reich
(Address) 1808 Raynor Ave

15 Filed FEB 4 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (month, day, and year) Febry 3 1937

I HEREBY CERTIFY, That I attended deceased from Jany 31, 1937, to Febry 3, 1937.

That I last saw him alive on Febry 3, 1937,

and that death occurred, on the date stated above, at 8.30 p m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Bronchitis Acute

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) George C Shannon, M. D.

2/3 1937 (Address) 1700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Feb 6 1937
20 UNDERTAKER Wm J Dickus & Son	ADDRESS North & Paca

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

31964

F 31964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH Franklin Square Hospital 16-7

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No..... ST..... WARD)

2-FULL NAME Mr. M. Windfield Snyder

(a) RESIDENCE NO. 1622 (Usual place of abode) Ellamont St ST.. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 7 mos 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Harden Snyder

6 DATE OF BIRTH (month, day, and year) June 18 75

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	7	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Real Estate &
(b) General nature of industry, business, or establishment in which employed (or employer) Insurance
(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Snyder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Martha G. Baurgl

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mr. Eugene Snyder
(Address) 2416 Linden Ave.

15 FILED FEB 4 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/3/37

17
I HEREBY CERTIFY, That I attended deceased from 1/11/, 1937, to 2/3/, 1937
that I last saw h[illegible] alive on 2/3/, 1937
and that death occurred, on the date stated above, at 10.50 m.

The CAUSE OF DEATH* was as follows:

Hypertensive cardiovascular renal disease with renal failure + uremia

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) D. T. Watkins M. D.

, 19 (Address) Franklin Square Hosp

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem.	Feb. 6 1937
20 UNDERTAKER	ADDRESS
Wm. Fletcher Sons	North & Pa[illegible]

IMPORTANT.—WRITE PLAINLY, WITH ONE ENTRY IN EACH SPACE. PHYSICIANS should state information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 31965

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31965

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 N. Pulaski St. 15-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 30 yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Dutter

If U.S. Veteran specify WAR .....

(a) Residence: No. 1715 N. Pulaski St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sara

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Flavor Extr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME David

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Augusta

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Sara Dutter
(Address) 1715 N. Pulaski

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 2/4/37 19

19. UNDERTAKER Geo. Geo. Lange & Son
(Address) 1939 E. Baltimore St.

FILED FEB 4 1937 Huntington Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) Feb. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1936 to Feb. 3, 1937

I last saw h.im alive on Feb. 3, 1937. Death is said to have occurred on the date stated above, at 4 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Renal Disease	1934
Other contributory causes of importance: Terminal Cerebral Hemorrhage	

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Samuel Brolle, M. D.

(Address) 1331 E. North Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31966

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31966

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH City Hospitals

CITY OF BALTIMORE: (No. ..... St. 16-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Hansen

If U. S. Veteran specify WAR .....

(a) Residence: No. ? St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	?

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Johns Hopkins Morgue FEB 4 - 1937 19..

Commissioner of Health

19. UNDERTAKER .....

(Address) For H. A. Moore

20. FILED ..... 19.. ..... Registrar.

FEB 4 - 1937 2961

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 25 . 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Possible Injuries due to Fall	1/24/37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/24/36

Where did injury occur? Monument & Ellen (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Hit & Run driver

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hubert Bentley, Auto Coroner, M. D.

(Address) 957 N. Chas.

N. B.—WHILE PLEASE, WITH PEN AND INK, information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1365-A

F 31967

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31967

CERTIFICATE OF DEATH

75

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Westport Dump. St. 25-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME John Tellis.(c) if U. S. Veteran specify WAR .....

(a) Residence: No. Westport Dump. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	-----	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Do not know.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Police Report. S. D.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
JOHNS HOPKINS MEDICAL SCHOOL FEB 4 - 1937 19
(Place)

19. UNDERTAKER Commissioner of Health
(Address)

20. FILED FEB 2 - 1937 19 Per H. A. Moore (Registrar)

B 4 - 1937

2960

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 19, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or inquiry)
obtained by said inquiry find that said deceased came (Inquest, Autopsy or inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute alcoholism.	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Otto M. Reinhardt M. D.
Coroner

2/2/37 (Address) 1017 S. Charles St.

B. S. H.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31968

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31968

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Westport Dump. St., 25-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Mc Gee. (c)

If U. S. Veteran specify WAR .....

(a) Residence: No. Westport Dump. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	-----	-----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Do not know.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Police Report. S. D.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
JOHNS HOPKINS MEDICAL SCHOOL FEB 4 - 1937 , 19

19. UNDERTAKER Commissioner of Health
(Address)

20. FILED FEB 4 - 1937 Per R. A. Hoo... Registrar 2959

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 21, 1937 , 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute alcoholism.	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto M. Reinhard M. D.
Coroner

2/2/37 Address 1017 S. Charles St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

F 31969

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31969

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 N. Caroline St. 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leroy Hollman

If U. S. Veteran specify WAR .....

(a) Residence: No. 610 N. Caroline St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colord	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ethel L. Hollman

6. DATE OF BIRTH (month, day, year): Nov. 17-1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0000

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Ga Ga

FATHER

13. NAME: Rose Hollman

14. BIRTHPLACE (city or town) (State or country): Ga

MOTHER

15. MAIDEN NAME: Fannie Berry Ga

16. BIRTHPLACE (city or town) (State or country): Ga

17. INFORMANT: James W. Leroy

(Address) 610 N. caroline st

18. BURIAL, CREMATION, OR REMOVAL

Place Mountiel Ga Date Feb 3 1937

19. UNDERTAKER: Edward Bryan

(Address) 1941 orleans st.

20. FILED: Huntington Williams Jr

FEB 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): ~~Feb 1-37~~ 1-27-37

22. I HEREBY CERTIFY, That I attended deceased from 1-26, 1937 to Feb 1- 1937

I last saw ~~him~~ alive on 2-1- 1937 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleuro-Pneumonia	1/24/37

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Jack R. Blake M. D.

(Address) 924 Fayette St.

N. B.—WRITE PLAINLY, with unfading ink. Fill in all blanks. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9 3

M. F. D. F 31970

F 31970

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1841 n Spring St., 9-9 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Wallo

(a) Residence: No. 1841 n Spring St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Wallo

6. DATE OF BIRTH (month, day, year) — 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Warsaw N C

FATHER

13. NAME Jake Sibling

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Mcsorin —

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Pearl Cheatham

(Address) 1402 W Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Feb. 4, 1937

19. UNDERTAKER Mr. Katie R. Williams

(Address) 3221 Sharon St.

FILED - FEB 4 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Base of Skull	Feb 2 1937
Bruised Forehead -	

Other contributory causes of importance: .....

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Nestor Was there an autopsy? No

If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident Date of injury Feb 2, 1937

Where did injury occur? Home 1841 n Spring St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner Left down stairway at the head top of stairway. - fractured skull

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo. P. Allen, M. D. Coroner

(Address) 501 Augusta St

S 6

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31971

M. D. R. 1265-9

✓ F 31971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

174

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Warner St. near Cross St., St. 21-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. 11 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nathan Taylor. (c) If U. S. Veteran specify WAR .....

(a) Residence: No. 513 W. Cross St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) February 2, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Walter Taylor. (c)

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Annie Williams. (c)

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Annie Taylor. (c) mother.

(Address) 513 W. Cross St.

18. BURIAL, CREMATION, OR REMOVAL

Place N. D. Calvary Cem. Date 2/4 '37

19. UNDERTAKER Wm. H. Sprigg Co.

(Address) 1 S. W. Pump St.

20. FILED 2-4-1937 Harrington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 30, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held autopsy & inquest (Inquest, Autopsy or Inquiry) and from the evidence obtained by autopsy & inquest (Inquest, Autopsy or Inquiry) that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Hemorrhage due to stab wound of the chest.	
Homicide.	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquest Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 1/30/37, 19

Where did injury occur? Warner & Hoal Baltimore, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place.

Manner of injury Stab wound.

Nature of injury Internal hemorrhage.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Otto M. Reinhardt, M. D. Coroner

2/2/37 (Address) 1017 S. Charles St.

B 4 1937

V S 6

F 31971

IMPORTANT.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 31972

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital Ward) 10-2

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice James

If U. S. Veteran specify WAR

(a) Residence: No. 1403 E. Madison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Cue	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 22-1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

FATHER

13. NAME Clarborne Vaughn

14. BIRTHPLACE (city or town) (State or country) Ala

MOTHER

15. MAIDEN NAME Fanny Houston

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Mrs Fanny Vaughn (Address) 1403 E Madison St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Jeb 3 37

19. UNDERTAKER Eloy O Wilson (Address) 700 N Broadway

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1, 1937

22. I HEREBY CERTIFY, That I attended the deceased from Dec 1936 to Jan 1 1937 that I last saw ... alive on ... and that death occurred on the date stated above. The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia	Dec 1936
Phthisis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo J Allen M. D.

Coroner

(Address) 500 Courthouse

INSTRUCTIONS.—WRITE PLAINLY, with ink. Every question must be answered. If information is not known, write "unknown." All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 4 1937

1-18-37 Dr Askin

F 31973

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 31973

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Belden Apts. St. Cor. Lake View Ave & Lake Drive Ward 67)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Donna Sue Caplan

If U. S. Veteran specify WAR

(a) Residence: No. Belden Apts St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-18-37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		17 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Maurice Caplan

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Florence Askin

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Maurice Caplan

(Address) Belden Apts

18. BURIAL, CREMATION, OR REMOVAL

Place Lehman Pemberton Date 2/5 37

19. UNDERTAKER Sol Levin Inc

(Address) 1439 E. Balto St

20. FILED Washington's Birthday 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-4-37 . 19

22. I HEREBY CERTIFY, That I attended deceased from January 19 1937 to Feb 4 1937

I last saw h[illegible] alive on 1/31/37 2-4-37 19 Death is said to have occurred on the date stated above, at 2 6 8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Status - Thymus - Lymphaticus	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? no

Name of operation no Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John A. Askin M.D. M. D.

(Address) 2206 Parkwood

FEB 4 - 1937

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

Grave #5

✓ F 31974

F 31974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

207-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Unknown

If U. S. Veteran specify WAR .....

(a) Residence: No. Unknown St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 207

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Northeastern Police Station (Address) Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL Place PUBLIC CEMETERY Date FEB 4 - 1937

19. UNDERTAKER Commissioner of Health (Address) Per H. A. Moore

20. Filed ..... 19 ..... Registrar

FEB 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/19/37. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Third degree burns Body	

Other contributory causes of importance:

Fractured Skull

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/19 19 37

Where did injury occur? On railroad train in Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place On top of electric train.

Manner of injury Electric burns due to

Nature of injury contact with high tension wire.

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schenck M. D.

Coroner

(Address) 1918 E. Baltimore

NB.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31974

M. D. F. 1268-9

F 31975

F 31975 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1910 Nth Payson St. 5 Ward) Registered No. 5-493

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Chapin Coursey

(a) Residence: No. 1910 St. Payson St., Ward. No Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of R. Clayton Coursey

6. DATE OF BIRTH (month, day, year) Oct 27-1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Joseph Chapin

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Joseph H. Coursey

(Address) 3 Randall Ave Pikesville

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Feb 5, 1937

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

20. FILED Huntington Ave Feb 4 1937 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2nd, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-2, 1937, to 2-2, 1937

I last saw h.. alive on 2/2, 1937. Death is said to have occurred on the date stated above, at 12 15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	

Other contributory causes of importance: Myocarditis Chronic Hypertension Nephritis.

Name of operation Date of

Was test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. Monte, M. D.

(Address) 1238 Park St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 4 1937

M. H. B. 1268-9

F 31976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 31976

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 555 Seminary Ave) (Ward) 7-1

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katinka Klaus

(a) Residence: No. 555 Seminary Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of George Klaus

6. DATE OF BIRTH (month, day, year) Dec 25 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick Stenz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Scherttle

(Address) 5027 Queensberry Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 2/8 1937

19. UNDERTAKER William Cook

(Address) 247 St Paul Street

20. FILED ... Huntington Ferguson M.D. Registrar.

FEB 4 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 1937

I HEREBY CERTIFY, That I attended deceased from Feb 1 1937 to Feb. 4 1937

last saw h-er alive on Feb. 3 1937 Death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1927
Arterio-Sclerosis	
Diabetic Coma of 3 days	

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Urinary Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edwin K Ballard M. D.

(Address) 1622 Mt Royal Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 31977

F 31977 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2106 St. Charles St., 17-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Virginia A. Andrews

(a) Residence: No. 2106 St. Charles St., ... Ward.

(Usual place of abode) 7 years (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced (or) WIFE of Laurence B

6. DATE OF BIRTH (month, day, year) Sept 2 - 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
86	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month, day, year) 1/1/1937

11. Total time (years) spent in this occupation 60 yrs

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Nathan Parker

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Catherine Johnston

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Bennett E. Tyrer

(Address) 2106 St. Charles

18. BURIAL, CREMATION, OR REMOVAL Place Pocahontas Va Date 2/6 1937

19. UNDERTAKER William Cook

(Address) 1917 St Paul Street

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1937 to Feb 4 1937

I last saw her alive on Feb 3 1937 Death is said to have occurred on the date stated above, at 7A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	2 c
Dementia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. H. Peyser M. D.

(Address) 2100 St. Charles St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 4 - 1937

F 31978

F 31978 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1407 Park Ave. St., 11th Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frederick Charles Syze

(a) Residence: No. 1407 Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Irving Syze

6. DATE OF BIRTH (month, day, year) Aug. 21, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assist. Supert.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50yrs.

12. BIRTHPLACE (city or town) (State or country) Yorktown N. Y.

FATHER

13. NAME James F. Syze

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Martha Brown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Anna I. Syze

(Address) 1407 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL

Bethel Cem. Tottenville Date 2/5/37 19

Staten Island N.Y.

19. UNDERTAKER Geo. L. Boyer Jr

(Address) 1512 Holling St.

20. FILED FEB 4-1937 Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3rd. 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17 1936 to Feb 3 1937

I last saw him alive on Feb 3, 1937 Death is said to have occurred on the date stated above, at 2:30 A. M.

The principal cause of death and related causes of importance were as follows:

Myocarditis
Hypertension

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. H. Woody, M. D.

(Address) 1403 Park Ave

F 31979

F 31979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 N. Mulberry St. 4-1 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida M. Fox

(a) Residence: No. 114 N. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Phillip

6. DATE OF BIRTH (month, day, year) May 2-1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 68	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster Pa

FATHER

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) Lancaster pa

MOTHER

15. MAIDEN NAME Mary Jones

16. BIRTHPLACE (city or town) (State or country) Lancaster

17. INFORMANT Fred Fox.
(Address) Havre de Grace Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Havre de Grace Md. Date Feb 6 37

19. UNDERTAKER Pennington & Son
(Address) Harwood Md.

20. Filed ..... 19..... Registrar.

FEB 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 1937

22. I HEREBY CERTIFY, That I attended deceased from June 4 1936 to Feb 4 1937

I last saw her alive on Jan 26 1937. Death is said to have occurred on the date stated above, at 11.50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	Feb 4
Impossibilities	?
Chronic Valvular Heart Disease	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) J. LeRoy Wright M. D.

(Address) 117 N. Saratoga St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 31980

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2545 W. FAYETTE St.) (20-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ELLA. L. PIETSCH.

(a) Residence: No. 2545 W. FAYETTE ST. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE

4. Color or Race: WHITE

5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word): WIDOW

5a. ~~Married~~, widowed, or ~~divorced~~ (or) WIFE of: THE LATE GEO PIETSCH

6. DATE OF BIRTH (month, day, year): JULY 2. 1857

7. AGE: Years: 79 | Months: 7 | Days: 1 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: NONE.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): ALEXANDER VA

FATHER

13. NAME: NOT KNOWN

14. BIRTHPLACE (city or town) (State or country): VA

MOTHER

15. MAIDEN NAME: NOT KNOWN

16. BIRTHPLACE (city or town) (State or country): VA

17. INFORMANT: E. PIETSCH

(Address) 2936 EDMONDSON AVE

18. BURIAL, CREMATION, OR REMOVAL: LOUDON PK CEMETR Date 2/5/37

19. UNDERTAKER: Geo. H. Leimbach

(Address) 5 N. Eyrehurst St

EB 4 - 1937

... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 8. 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-2-37, 19... to Feb 3 - 1937

I last saw h... alive on Feb 2 - 1937. Death is said to have occurred on the date stated above, at 3.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/2037

Other contributory causes of importance:

Hypertension

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ... No

(Signed) Chas L Cullen M. D.

(Address) 2145 N Bals St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31981

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31981

CERTIFICATE OF DEATH

1231

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 200 N. Rose St. 6-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Schriefer

If U.S. Veteran specify WAR .....

(a) Residence: No. 200 N. Rose St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Schriefer

6. DATE OF BIRTH (month, day, year) Jan. 30-1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Schriefer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Katherine Schriefer

(Address) 200 N. Rose St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Feb. 6 1937

19. UNDERTAKER C. Miller & Son

(Address) 2334 Jefferson St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb-1- 1937, to Feb-3 1937

I last saw h[illegible] alive on February 3 1937. Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Coronary Thrombosis	Feb 1
2. Arteriosclerosis	
Gen. Myocarditis	
Other contributory causes of importance:	
Renal Insufficiency	
Chronic Interstitial Nephritis	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. G. Grey M. D.

(Address) 156 W. Melton Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 4 - 1937

F 31982

✓ F 31982

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1700 Linden Avenue St. 14-L Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Mary Gressitt Broadbent

If U. S. Veteran specify WAR

(a) Residence: No. 1700 Linden Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Felippe A. Broadbent

6. DATE OF BIRTH (month, day, year) July 31, 1849

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
87	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Mordecai Gressitt

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Meuse

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Alfred M. Webster

(Address) 1700 Linden Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 2/5 1937

19. UNDERTAKER Henry H. Meakins & Son

(Address) 802 N. Calvert St.

FEB 4 - 1937 Huntington Ave. Baltimore Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..., 1937, to February 3, 1937

I last saw h[illegible] alive on January 2, 1937. Death is said to have occurred on the date stated above, at 12:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1931

Other contributory causes of importance:

Terminal pneumonia (bronchial)	1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] M. D.

(Address) 2430 Maryland Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31983

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31983

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 829 N. 38th St., 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yr 10 mos ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James L. Clarken

If U. S. Veteran specify WAR .....

(a) Residence: No. 829 N. 38th St., 13 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (Write the word): Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Emma L. Clarken

6. DATE OF BIRTH (month, day, year): March 1858

7. AGE: Years 78 | Months 11 10 | Days — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

FATHER

13. NAME: John L. Clarken

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Annie Dowling

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs. E. J. McNamara

(Address) 829 N. 38th St

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: Feb. 6 19 37

19. UNDERTAKER: Horace F. Burgee

(Address) 3621 Falls Road

20. FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 3 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 13 - 1937 to Feb 3 - 1937

I last saw him alive on Feb 3 1937 Death is said to have occurred on the date stated above, at 8:35 A.m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset Feb 1-37

Other contributory causes of importance:

Senility — Jan 13/37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jos. H. Mooney M. D.

(Address) 632 N. Carlton

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 1937

St. Aug. Parish Baltimore, Md.

F 31984

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31984

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square St., 13th Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie V. VanPelt

If U. S. Veteran specify WAR .....

(a) Residence: No. 815 West 36th St St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 5 - 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Good will work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1936

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Benjamin F. VanPelt

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ludora Fissell

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Emma V. Reilly
(Address) 815 West 36th

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Feb. 5, 1937

19. UNDERTAKER Horace F. Burgee
(Address) 3631 Falls Road

20. Date Received FEB 4 1937 Huntington Williams, Registrar.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to h/s death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 28 37

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Chas. H. Phillips, M. D.
Coroner

(Address) 1137 Edmondson Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31985

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31985

CERTIFICATE OF DEATH

95-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 E. 36th St., 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. — mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Alice Glade Van Pelt

If U. S. Veteran specify WAR

(a) Residence: No. 817 E. 36th St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin C. Van Pelt

6. DATE OF BIRTH (month, day, year) Feb 2-1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	—	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Barton

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Martha Porter

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Benjamin C. Van Pelt
(Address) 817 E. 36th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Feb 6 - 1937

19. UNDERTAKER Horace G. Bryant
(Address) 3631 Falls Road

20. FILED Huntington Feb 4 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1937 to Feb. 3, 1937

I last saw h alive on Feb. 3, 1937 Death is said to have occurred on the date stated above, at 1.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Disease	2 yrs

Other contributory causes of importance:

Bronchopneumonia and Pulmonary edema	2dy

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Ex Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify —

(Signed) [illegible] M. D.

(Address) 3429 Chestnut Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 4 1937

M. D. B 1268-9

F 31986

F 31986 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 22-1 Ward)

Registered No. 186-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME James Korchuck

If U. S. Veteran specify WAR ...

(a) Residence: No. 732 S. Hanover St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 1891

7. AGE Years	Months	Days	If LESS than 1 day ...hrs. or ...min.
46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Morris Cohen

(Address) 732 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place St Louis Date Feb 5 1937

19. UNDERTAKER Fred W. Gazenski

(Address) 1922 Eastern Ave.

20. FILED FEB 5 - 1937 19... By ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 1937

I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy, or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Feb 3 1937

Where did injury occur? Balto Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Sidewalk - Hanover St.

Manner of injury Fall to pavement

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) ... M. D. Coroner

(Address) 1910 S. Wilkens Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S S

F 31987

F 31987 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St. 16-1 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Love

If U. S. Veteran specify WAR ..... W. W.

(a) Residence: No. 711 N. Carey St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Negro	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Connie Pankey

6. DATE OF BIRTH (month, day, year) Sept. 25, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... do

10. Date deceased last worked at this occupation (month and year) Sept. 1936

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Rockingham
(State or country) N. C.

FATHER

13. NAME Irvin Love

14. BIRTHPLACE (city or town) Rockingham
(State or country) N.C.

MOTHER

15. MAIDEN NAME Jessie Irvington

16. BIRTHPLACE (city or town) Rockingham
(State or country) N.C.

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place National Mem Date 2/6/ 1937

19. UNDERTAKER Frances A. Hemsley
(Address) 558 W. Biddle St.

20. FILED FEB 5-1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 16, 1937 to February 2, 1937

I last saw him alive on February 2, 1937. Death is said to have occurred on the date stated above, at 11:10 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, acute miliary	3 mos.

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? P.M. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) T. B. H. a de Lesa M. D.

(Address) U. S. Marine Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

31988 F 31988

CERTIFICATE OF DEATH

Registered No. 107-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital 18-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Perkins Jenkins Jr. If U. S. Veteran specify WAR

(a) Residence: No. 238 N Appleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

5a. If married, widowed or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 30-1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	6	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wilmington
(State or country) Del

FATHER
13. NAME Jenkins Jenkins
14. BIRTHPLACE (city or town) Chestertown
(State or country) Md

MOTHER
15. MAIDEN NAME Mary Coleman
16. BIRTHPLACE (city or town)
(State or country) Md

17. INFORMANT Perkins Jenkins Sr.
(Address) 238 N Appleton

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Lexington Dr Date 2/8/ 1937

19. UNDERTAKER Frances A Kemsley
(Address) 572 W. Biddle St.

20. FILED FEB 5 - 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchus Pneumonia	Jan 31 37

Other contributory causes of importance:

Was an operation performed? no Date of
For what disease or injury? no
Name of operation no Date of
What test confirmed diagnosis? [illegible] Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
(If so, specify)

(Signed) George S. Allen M. D.
(Address) 587 Augusta

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

31989

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 N Spring St. Ward) 5-1

Registered No. 173

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Co Russo

If U. S. Veteran specify WAR

(a) Residence: No. 1309 N. Alley St, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St Marys Co
(State or country) Md

FATHER

13. NAME Bullton Russo

14. BIRTHPLACE (city or town) St Marys Co
(State or country) Md

MOTHER

15. MAIDEN NAME Bessie Blakerence

16. BIRTHPLACE (city or town) St Marys Co
(State or country) Md

17. INFORMANT Mary Clark
(Address) 1320 Oleander St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Feb. 5. 1937

19. UNDERTAKER Robert E Williams
(Address) 1515 McElderry St

20. FILED FEB 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30. 1937

22. I HEREBY CERTIFY, That I last attended the deceased from [illegible] and that I last saw the deceased alive on [illegible] and from the evidence obtained by [illegible] Autopsy and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet wounds of Head and Chest	

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? homicide Date of injury Jan 30 1937

Where did injury occur? 420 N Spring St Balto
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Gun shot wound of chest

Nature of injury Head.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo P. Allen M. D.

(Address) 550 Augusta Ave. Canton

F

GENERALLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31990

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31990

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 90-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert D Allen

If U. S. Veteran specify WAR ...

(a) Residence: No. 2714 Wilkins Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 23 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joseph Wright

14. BIRTHPLACE (city or town) (State or country) ...

MOTHER

15. MAIDEN NAME Mary E Allen

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Edward Allen

(Address) 2714 Wilkins Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Feb. 5/37

19. UNDERTAKER Harry A. Mettle

(Address) 4101 Edmondson Ave

FILED ... 19 ... Registrar

FEB 5 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3 , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to h death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	Jan 28 37

Other contributory causes of importance: ...

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify ...

(Signed) Wm. F. Fuller, M. D.

Coroner

(Address) 1937 Johnston Sq.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 6

F 31991 Grouling ✓ F 31991

HEALTH DEPARTMENT—CITY OF BALTIMORE #20214

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 26-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Grouling

If U. S. Veteran specify WAR

(a) Residence: No. 800 S. Ponca St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/19/1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? ditto

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George Grouling

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Dunkes

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date Feb 6, 1937

19. UNDERTAKER Chenoweth & Son (Address) 3615-17 Chestnut Ave

20. FILED 19 Registrar

FEB 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1 - 11, 1937 to 2 - 2, 1937

I last saw h[illegible] alive on 2 - 2, 1937 Death is said to have occurred on the date stated above, at 8 1/2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	about 18 mos

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Kramer M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Banks ✓ F 31992

31992 HEALTH DEPARTMENT—CITY OF BALTIMORE

107-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Ethel Banks

If U.S. Veteran specify WAR .....

(a) Residence: No. 2036 Walbrook Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Banks

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 64 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Hirsch Berman

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Bonnie

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Woodlawn Date 2/5/33

19. UNDERTAKER: Jack Levine

(Address) 1439 E. Baltimore St.

FEB 5 - 1933 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1933 to Feb 4 1933

I last saw h[illegible] alive on Feb 4 1933 Death is said to have occurred on the date stated above, at 2:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	1/28/33
Bronchopneumonia	1/29/33

Other contributory causes of importance:

Gen'l. arteriosclerosis, hypertension, cerebral hemorrhage

Was an operation performed? Yes Date of 1/25/33

For what disease or injury? Craniotomy for possible brain tumor

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Carl A. Spear M. D.

(Address) Sinai Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE 1993

B 31993

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 r Marguerite St. 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of stay in city or town where death occurred 62 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 62 yrs. ... mos. ... ds.

2. FULL NAME Rabbi Abraham N. Schwartz

If U.S. Veteran specify WAR ....

(a) Residence: No. 122 Azurth St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Goldie

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rabbi

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Hyman Schwartz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Pessie ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 2/5/37, 19

19. UNDERTAKER Kraus Bros Inc
(Address) 1419 E. Baltimore St.

20. FILED FEB 5 - 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1936 to Feb 4 1937

I last saw him alive on Feb 4, 1937 Death is said to have occurred on the date stated above, at 10:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis, Ht. Disease	1933
Chronic Duodenum	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. S. Shulenberg M. D.

(Address) 2000 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2340 ✓ F 31994

F 31994 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 Moreland St. 15-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 25 yrs. ..... mos. ..... ds.

2. FULL NAME Rose S Klar

If U.S. Veteran specify WAR .....

(a) Residence: No. 1810 Moreland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 64 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Date 2/5/37
Laurel

19. UNDERTAKER: Jack Levin Inc
(Address) 1439 E. Baltimore St.

20. FILED FEB 5 1937 Registrar.
Washington Hillsboro

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 1935 to Feb. 4, 1937

I last saw her alive on Feb. 4, 1937. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular-Renal Disease Hypertension	?
Other contributory causes of importance: Acute Cardiac Failure	15 Min.

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. A. Sorosan M. D.

(Address) 2340 Eastern Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 31995

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31995

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hos. Ward) 25-1

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 13 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret E. T. Yates

If U.S. Veteran specify WAR .....

(a) Residence: No. Ellicott City Md Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Yates

6. DATE OF BIRTH (month, day, year) Nov 29 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0027

10. Date deceased last worked at this occupation (month and year) 1-37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mary Land

FATHER

13. NAME Frank Mayfield

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Hughes

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mayfield Yates

(Address) Ellicott City Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Johns Cem Date 2-7-37

19. UNDERTAKER J.C. Higinbotham Jr

(Address) Ellicott City Md.

20. FILED ..... 19 ..... Registrar.

FEB 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/4 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1937 to Feb 4 1937

last saw her alive on 2/4 1936 Death is said to have occurred on the date stated above, at 7.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Degenerative Myocardial Heart Dis.	1927
Other contributory causes of importance:	
Bronchopneumonia	1/21/36

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? CLINICAL LABORATORY Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Daniel Fo. Dehner M. D.

(Address) St. Agnes Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 9

Washington Villiaras, Md

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31996

CERTIFICATE OF DEATH

F 31996

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 S Potomac St., 1-1 Ward)

Length of residence in city or town where death occurred 5 1/2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine Everhardt

(a) Residence: No. 707 S Potomac St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Everhardt

6. DATE OF BIRTH (month, day, year) June 1 - 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Charles Kahl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emma B. Diamond

(Address) 707 S Potomac St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Feb 5 1937

19. UNDERTAKER Tilly & Zeiler

(Address) 403 S Wolfe St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1931 to Feb 2 1937

I last saw her alive on Feb 2 1937. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	Aug 1931
Hypertension	Aug 1931
Acute Heart Failure	1 day

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. H. Kupferschmidt M. D.

(Address) 2939 Eastern Ave

V 8 3

Buried - 1937 Ft Lincoln Cemetery, MD

F 31997

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31997

CERTIFICATE OF DEATH

42-a

Registered No. 26-9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3808 Dillon St. St. Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Henry Wickman

(a) Residence: No. 3808 Dillon St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Wickman

6. DATE OF BIRTH (month, day, year) Feb. 14/1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Herman Wickman (SO)
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lwan Date Feb. 6 1937

19. UNDERTAKER Lilly & Jones Bros.
(Address) 405 E. Lolfe St.

20. FILED FEB 8 1937 Registrar.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1936 to Feb. 3, 1937

I last saw him alive on Feb 2, 1937 Death is said to have occurred on the date stated above, at 9 pm.

The principal cause of death and related causes of importance were as follows:

Aortic Regurgitation (Decompensated)
Myocarditis Interstitial
Cardiac Hypertrophy

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wm. Jos. Neuwoehner M. D.

(Address) 75 W. Eastern Ave.

F 31998

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 31998

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore General Hospital — Registered No. 126

CITY OF BALTIMORE: (No. 1213 Light St. — St., 25 — Ward) 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or (town) where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 45 yrs. ... mos. ... ds.

If U. S. Veteran (Give war or dates of service)

2. FULL NAME Mrs Sophia Michael (Mikolajczak)

(a) Residence: No. 1624 Hazel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) Not known

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 52	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Jacob Chmielewski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Wisniewska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT James Michael
(Address) 1624 Hazel St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross A.A. Date Feb 6 1937

19. UNDERTAKER Wm. S. Fialkowski
(Address) 2007 Eastern Ave
FEB 5 1937 Washington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1937 to Feb 4, 1937

I last saw her alive on Feb 3, 1937. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolus	
following removal of	
stone from common duct	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... (If so, specify)

(Signed) James L. Webb M. D.

(Address) 1213 Light St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Bks

F 31999

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 31999

CERTIFICATE OF DEATH.

E-4 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklyn Square Hospital WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Samuel Riley

(a) RESIDENCE NO. 1214 N. Patterson Park Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Riley

6 DATE OF BIRTH (month, day, and year) June 4th 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

0040

9 BIRTHPLACE (city or town) (State or country) St. Georges Delaware

PARENTS

10 NAME OF FATHER Samuel Riley Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Georges Delaware

12 MAIDEN NAME OF MOTHER Sarah Pont

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Georges Delaware

14 Informant (Address) James O'Connel 1314 N. Patterson Park Ave

15 Filed , 19 Registrar

FEB 5 - 1937

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/4/37

17 I HEREBY CERTIFY, That I attended deceased from 1/25, 19 37, to 2/4, 19 37

that I last saw h im alive on 2/3, 19 37

and that death occurred, on the date stated above, at 4 15 A. m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio-vascular renal disease.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Abraham A. Spring M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Morelands Memorial Park — DATE OF BURIAL: Feb 6th 1937

20 UNDERTAKER: Leo D. Cook — ADDRESS: 1703 N. Batt Park ave

M. D. B 1268-9

F 32000

F 32000 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

Registered No. 1773

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Albert Wyatt

If U. S. Veteran specify WAR

(a) Residence: No. 12 N. Gilmore St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 10, 1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Albert Wyatt

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Cecelia Waters

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Cecelia Wyatt

(Address) 12. N. Gilmore, St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 2/5/37 19

19. UNDERTAKER Wm. G. E. Kolb

(Address) Baltimore

FEB 5 - 1937

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 1, 1937 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot Wound Of Abdomen	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Nature of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury Feb. 1, 1937 19

Where did injury occur? 1500 Block W. Lexington St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Public Place

Manner of injury Shot with Gun

Nature of injury Wound of Abdomen

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) T. H. Ellis M. D.
Coroner

(Address) 2357 Edmondson

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 36

F 32001

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32001

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2359 Druid Hill St. 13-3 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Josephine Battee

If U.S. Veteran specify WAR .....

(a) Residence: No. 2359 Druid Hill Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.. 0027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Orangeburg, S.C.

FATHER

13. NAME Peter Esler

14. BIRTHPLACE (city or town) (State or country) Orangeburg S.C.

MOTHER

15. MAIDEN NAME Eva ?

16. BIRTHPLACE (city or town) (State or country) Orangeburg S.C.

17. INFORMANT Ella Bunt

(Address) 2359 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Park Date 2-6- 1937

19. UNDERTAKER Jno. Geo. C. Holland

(Address) 1631 Druid Hill Ave.

20. FILED FEB 5 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/3 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1937 to Feb 3 1937

I last saw h alive on Feb 3 1937 Death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Broncho Pneumonia	1/27
	1937

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) H. H. Foster M. D.

(Address) 1 W Preston

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32002

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32002

CERTIFICATE OF DEATH

1. PLACE OF DEATH UNION MEMORIAL HOSPITAL 17-K 47-C Registered No.

CITY OF BALTIMORE: (No. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MR CLAIR ACKEN SIGGINS

If U. S. Veteran specify WAR

(a) Residence: No. 510 OLIVE ST, ABILENE, KANS. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Clair A. Siggins

6. DATE OF BIRTH (month, day, year) April 28, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Clair H. Siggins

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Catherine Black

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT (Address) Records Union Memorial Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Salisbury Md Date Feb. 8. 37

19. UNDERTAKER (Address) Dill & Johnson Salisbury Md

FILED FEB 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 / 4 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/8 . 1936 to 2 / 4 . 1937

I last saw h.l.m. alive on 2 / 4 . 1937 Death is said to have occurred on the date stated above, at 6:41 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bronchus with	
metastases to pancreas	?
& Bone — and Liver	?
Other contributory causes of importance:	
Terminal Pneumonia	
& obstructive jaundice	

Was an operation performed? Yes Date of 12/22/36

For what disease or injury? Suspected osteomyelitis of Sacrum

Name of operation Joint, Left Incision & DRAINAGE of Abscess

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — , 19—

Where did Injury occur? —

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philip L. Franklin M. D.

(Address) Union Memorial Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B F 32003

20782 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 25-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? 24 yrs. mos. ds.

2. FULL NAME Joseph Clark

If U. S. Veteran specify WAR

(a) Residence: No. 1926 Maisel St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Clark

6. DATE OF BIRTH (month, day, year) 1894 8-25-1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Feb 8 1937

19. UNDERTAKER Chas B. Powell

(Address) 2421 Eastwood Ave Balto

20. FILED 19 Feb 5 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-4 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-2 1937 to 2-4 1937

I last saw him alive on 2-4 1937 Death is said to have occurred on the date stated above, at 9.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	several mos at least

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Ramsey M. D.

(Address) Baltimore City Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1263

F 32004

F 32004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-13

23-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1635 Hanover St. St., Ward)

Length of residence in city or town where death occurred 56 yrs. 8 mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME May V. Kleinsmith. If U. S. Veteran specify WAR .....

(a) Residence: No. 1635 Hanover St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Widow

5a. If ~~widowed~~ (or) WIFE of Frederick Kleinsmith.

6. DATE OF BIRTH (month, day, year) May 9, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John T. Clardy.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Ann Mc Call.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT John Kleinsmith. (son)
(Address) 1635 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 2/6/37 19

19. UNDERTAKER John Gahe, Sons
(Address) 231 E. Lafayette St.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 3, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto M Reinhardt, M. D.
Coroner

2/4/37 (Address) 1017 S. Charles St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 5 1937

F 32005

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32005

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1129 N Monroe St. 16-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosa. Slater

If U. S. Veteran specify WAR

(a) Residence: No. 1129 N Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James O Slater

6. DATE OF BIRTH (month, day, year) Apr 18 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm Schweitzer

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Heim

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm J Slater

(Address) 1129 N Monroe st

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem 2/6 37

19. UNDERTAKER George A Tilley

(Address) Fulton & Fayette

FILED 19

FEB 5 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1937 to Feb 3 1937

I last saw her alive on Feb 3. 1937. Death is said to have occurred on the date stated above, at 7 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Angina Pectoris,	1/1/37.

Other **contributory causes** of importance:

None.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation None. Date of —

What test confirmed diagnosis? Physical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

None If so, specify

(Signed) Thos Norton M. D.

(Address) 888 W Lanvale St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

320006
323843

F 320006

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 13-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marcellus White

(a) Residence: No. 2225 Madison ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jennie

6. DATE OF BIRTH (month, day, year): 11-12-83

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Longshoreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 6674

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: meagee White

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Victoria Lewis

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Alexander Va Date Feb. 8 1937

19. UNDERTAKER: Robert L. Young
(Address) 804 W. Caroline St.

20. FILED Huntington Pittsburgh Va
FEB 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 13 1937 to Feb 4 1937

I last saw him alive on Feb 4 1937. Death is said to have occurred on the date stated above, at 555A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Papillary Carcinoma of Rectum & Hepatic Metastases,	
Hepatic Failure	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1-25-37

For what disease or injury? Carcinoma of Rectum

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William Gray Thomson M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1263-2

F 32007

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32007

CERTIFICATE OF DEATH

V 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minnie Graham

If U. S. Veteran specify WAR .....

(a) Residence: No. 723 W. Lexington St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Graham

6. DATE OF BIRTH (month, day, year) 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

JOHNS HOPKINS MEDICAL SCHOOL FEB 5 - 1937 19

Commissioner of Health

19. UNDERTAKER

(Address)

Per H. A. Moore

20. FILED FEB 5 - 1937 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 31, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomia of Uterus	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.

Coroner

(Address) 1737 W. Fayette St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B. 1268-9

F 32008 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32008

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 N. ELLWOOD AVE St., [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. 11 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ELIZABETH WAGNER.

(a) Residence: No. 127 N. ELLWOOD AVE St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ FEMALE | 4. ~~COLOR OR RACE~~ WHITE | 5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word) MARRIED

5a. If married, ~~widowed, or divorced~~ (or) WIFE of JACOB WAGNER.

6. DATE OF BIRTH (month, day, year) FEB 17 - 1857

7. AGE: 79 Years | 11 Months | 18 17 Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE. good

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO MD.

FATHER

13. NAME NOT KNOWN

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME NOT KNOWN

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT JACOB WAGNER (Address) 127 N. ELLWOOD AVE.

18. BURIAL, CREMATION, OR REMOVAL BALTO CEMETERY Date 2/8/37 19

19. UNDERTAKER Geo H Leimbach (Address) 525 N. LYNDHURST ST

FILED FEB 5 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 . 1936 to Feb 4 . 1937

I last saw her alive on Feb 4 . 1937 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchopneumonia	2/4/37
Other contributory causes of importance: Cerebral Hemorrhage	2/3/37
Bronchitis	1934

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) M. P. Mazzer M. D.

(Address) 2664 E. Baltimore St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32009

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32009

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 Perkins Ave. St. 17-3 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Roxanna L. Duvall

If U.S. Veteran specify WAR .....

(a) Residence: No. 606 Perkins Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Arthur Duvall

6. DATE OF BIRTH (month, day, year) February 5, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME William L. Campbell

14. BIRTHPLACE (city or town) Manchester
(State or country) Maryland

MOTHER

15. MAIDEN NAME Rozina Carroll

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Catherine Agnes Duvall
(Address) 606 Perkins Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Feb. 6 19 37

19. UNDERTAKER Joseph L. Cook
(Address) 1005 N. Baltimore St.

20. FILED FEB 5 - 1937 19 Burlington Frederick, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 3 19 37

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 19 37 to Feb 3 19 37

I last saw her alive on Feb 3 19 37. Death is said to have occurred on the date stated above, at 12.10P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio pneumonia	Feb 1
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) M Bonner and Hood, M. D.

(Address) 2200 Garrison Blvd.

32010

HEALTH DEPARTMENT—CITY OF BALTIMORE

32010

CERTIFICATE OF DEATH

V 107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary 18 E. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Chesley Daniel Chesley V. Daniel

If U.S. Veteran specify WAR ...

(a) Residence: No. 1120 W. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hopkins Howell Daniel

6. DATE OF BIRTH (month, day, year) January 26, 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	-	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. January

10. Date deceased last worked at this occupation (month and year) January 31, 1937

11. Total time (years) spent in this occupation 32 yrs

12. BIRTHPLACE (city or town) (State or country) San Marcus Texas

FATHER

13. NAME Samuel Venable Daniel

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) United States

17. INFORMANT Mrs. Mary Hopkins Daniel

(Address) 1120 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Feb. 6 37

19. UNDERTAKER Lord & Cook

(Address) 1003 N. Baltimore St.

20. FILED FEB 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 4, 19 37

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1937, to Feb 4, 1937

I last saw him alive on Feb 4, 1937. Death is said to have occurred on the date stated above, at 11:0 Am.

The principal cause of death and related causes of importance were as follows:

Lobular Pneumonia, right — Date of onset 1/31/37 ?

Arterio sclerotic heart disease

Other contributory causes of importance:

Empyema, Right

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? C.L. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Edmund H. Norwood, M. D.

(Address) Church Home & Infirmary

F 32011

HEALTH DEPARTMENT—CITY OF BALTIMORE

32011

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 N. Belnord Ave St., 7 - Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 45 yrs. ..... mos. ..... ds.

2. FULL NAME Anna Svoboda

(a) Residence: No. 811 N. Belnord Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Frank Svoboda

6. DATE OF BIRTH (month, day, year) July 26 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Joseph Pokorny

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Mary Hejl

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Anna Svoboda
(Address) 811 N Belnord ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 8 1937

19. UNDERTAKER Frank Gwach & Son
(Address) 1906 Ashland Ave

20. FILED ..... 19 ..... Registrar.

FEB 3 - 1531

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5 . 1937

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1936 to Feb 5, 1937

I last saw h.lv. alive on Feb 4, 1937. Death is said to have occurred on the date stated above, at 7:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	2
Other contributory causes of importance: Myocardial Failure	2 months

Was an operation performed? no Date of ✓

For what disease or injury? ✓

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19 .....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify ✓

(Signed) Joseph Pokorny M. D.

(Address) 2200 E Madison St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

M. D. B 1268-9

F 32012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 32012

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-7 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Edward Johnson If U. S. Veteran specify WAR no

(a) Residence: No. 2702-Alameda Boul. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes (Gillen)

6. DATE OF BIRTH (month, day, year) 1/6/1875

7. AGE Years	Months	Days	If LESS than 1 day xxxxx or ...min.
62	-	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Wkr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Straw Hat Mfg.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William Johnson

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Anna (Ruhl.)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Elsie V. Stetka

(Address) 2702-Alameda Boul.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 6/6/37. 19

19. UNDERTAKER George Ige J. Ruth, Inc.

(Address) 1735-Harford Ave.

20. FILED 6-8-1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7 , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Coronary Thrombosis~~	
Lobar pneumonia	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Ahrenbeck, M. D. Coroner

(Address) 1919 E. North ave.

B. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3 5-1937

F 32013

F 32013 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital, W-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Katie Geller.

If U.S. Veteran specify WAR ...

(a) Residence: No. Texas Md. St., Ward Maryland.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis C. Geller

6. DATE OF BIRTH (month, day, year) 9-1-1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (mo. dy and year) 60 yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Louis C. Geller

(Address) Texas Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Co. Date 2/8/37

19. UNDERTAKER George J. Ruth Inc

(Address) 1 E Pratt St

20. FILED FEB 5 - 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/4, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/1, 1937, to 2/4, 1937

I last saw her alive on 2/4, 1937. Death is said to have occurred on the date stated above, at 4.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1935
Diabetic Gangrene - Left Foot	11/1/36
Arteriosclerotic Cardiovascular Disease	1935
Other contributory causes of importance:	
Pneumonia	1/1/37
Shock	2/2/37

Was an operation performed? Yes Date of 2/2/37

For what disease or injury? Diabetic gangrene L. foot

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) D M Dixon M.D. M. D.

(Address) Bon Secours Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32014

F 32014 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-NR

1. PLACE OF DEATH Maryland General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 13-N St. 10 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James C. Clark

If U. S. Veteran specify WAR

(a) Residence: No. 711 Barre St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olive Cemetery Catonsville Md. Date Feb. 6, 1937

19. UNDERTAKER Howard H. Flight Jr

(Address) 4914 Belair Road.

20. FILED FEB 5 1937, 19 Flight, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-3-37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Head Injuries	
Laceration of Brain	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 2-3, 1937

Where did injury occur? Falls Road + 33rd Ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Was Auto ran into

Nature of injury a electric light pole

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... Coroner, M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32015

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32015

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Arundel Stolil St. 11-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 2 ds. How long in U. S. If of foreign birth 65 yrs. 9 mos. 15 ds.

2. FULL NAME Darwin Massie Slapp

If U.S. Veteran specify WAR NONE

(a) Residence: No. Arundel Stolil St., Ward. Fort Thomas - Ky.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie F. Slapp

6. DATE OF BIRTH (month, day, year) Apr - 21 - 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Specialty Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Havre Tobacco Co

10. Date deceased last worked at this occupation (month and year) Jan 27/37

11. Total time (years) spent in this occupation 32 yrs

12. BIRTHPLACE (city or town) (State or country) Victoria Texas

FATHER

13. NAME Darwin M. Slapp

14. BIRTHPLACE (city or town) (State or country) Victoria Texas

MOTHER

15. MAIDEN NAME Lucia Robson

16. BIRTHPLACE (city or town) (State or country) Atlanta Georgia

17. INFORMANT Mrs M. F. Slapp (wife)

(Address) Arundel Stolil - City -

18. BURIAL, CREMATION, OR REMOVAL

Place Covington Ky Date Feb 5 37

19. UNDERTAKER Stubbs Mort Co.

(Address) 108 W 7th Ave.

20. FILED FEB 5 1937 Registrar.

FEB 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 5 - 1937

22. I HEREBY CERTIFY, That I attended deceased from January 30 - 1937 to February 5 - 1937

I last saw him alive on February 4 - 1937 Death is said to have occurred on the date stated above, at 1:55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2-1-37
Influenza	1-28-37

Other contributory causes of importance:

Was an operation performed? none Date of —

For what disease or injury?

What test confirmed diagnosis? P.S. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Chester Riland, M. D.

(Address) 2532 Edmondson Ave.,

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32016 F 32016

32016

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., O.B. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 18 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Spencer

If U.S. Veteran specify WAR ....

(a) Residence: No. Provident Hospital St., O.B. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single (Infant)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 16, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Howard Spencer

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Marjorie Valentine

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Marjorie Spencer (Mother)

(Address) 1328 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL

UNIVERSITY MEDICAL SCHOOL FEB 5 - 1937

Place Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address) Huntington Williams

20. FILED FEB 5 - 1937 2964

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1937 to Feb. 3, 1937

I last saw her alive on Feb 3, 1937. Death is said to have occurred on the date stated above, at 12 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	1-16-37
Gastro-Intestinal Catarrh	1-28-37
Patent Foramen Ovale	1-16-37

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) W. B. Burhs M.D. per L.M. Russell M.D.

(Address) Provident Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32017

F 32017

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bolton City Hospital 17-3 St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Montgomery

If U. S. Veteran specify WAR .....

(a) Residence: No. 408 Caston St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colred	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas

6. DATE OF BIRTH (month day, year) March 16, 18[illegible]5

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
41	42	10	18 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housework

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Nassawadox (State or country) Northampton Co. Virginia

FATHER

13. NAME Isaac Pead

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Maggie Floyd

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Thos Montgomery

(Address) 408 Caston St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Feb 5, 1937

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St

20. [illegible] 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said [illegible] find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

Coroner

(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 5 1937

1K

F 32018

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32018

CERTIFICATE OF DEATH

95-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 148 N Lanvale St 11-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emily Williams

(a) Residence: No. Gloucester Co. Virginia Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Carter Braxton Williams

6. DATE OF BIRTH (month, day, year) October 6, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	3	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gloucester Co Va

FATHER

13. NAME William Franklin Leavitt

14. BIRTHPLACE (city or town) (State or country) Gloucester Co Va

MOTHER

15. MAIDEN NAME Emily Frances Pointer

16. BIRTHPLACE (city or town) (State or country) Gloucester Co Va

17. INFORMANT Mrs Sutherlin (daughter)
(Address) 141 N Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Williams burial Gloucester Co Va Date Feb. 7th 1937

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Fayette Baltimore, Md

20. FILED FEB 5 - 1937 Registrar. 64

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-5 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1937 to Feb 5 1937

I last saw her alive on Feb 4 1937. Death is said to have occurred on the date stated above, at 8-30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerotic hypertensive cardio-vascular disease	
Other contributory causes of importance: Cerebral hemorrhage	1-25-37

Was an operation performed? No Date of -

For what disease or injury? -

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John W Barnaby M. D.

(Address) 1531 E North Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32019

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32019

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Little Sisters of the Poor — 10-7 — Registered No.

CITY OF BALTIMORE: (No. ..... St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Mulligan — If U. S. Veteran specify WAR

(a) Residence: No. 200 Valley St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 2 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... at 75

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stone Mason

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) Thomas Mulligan

MOTHER

15. MAIDEN NAME Catherine McEntyre

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Sister Pauline
(Address) Little Sisters of the Poor

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Feb 6 1937

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

20. FILED ..... 19 ..... Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1931 to Feb 5 1937

I last saw her alive on Feb 4 1937. Death is said to have occurred on the date stated above, at 1030 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Nephritis	?
Chr Endocarditis	?
Other contributory causes of importance: Uremia	2 ds.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. M. C. Parker M. D.

(Address) 1114 Hanover St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 9 - 1937

F 32020

32020 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1647 Spring St. St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 1 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Conrad

If U. S. Veteran specify WAR

(a) Residence: No. 1647 Spring St/ St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adam Conrad

6. DATE OF BIRTH (month, day, year) April 22 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	1 10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Elizabeth Neuner
(Address) 1411 E. Lanvale

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 2/6/37

19. UNDERTAKER J. Few McCully
(Address) 130 E. Fort Ave.

20. FILED Huntington Feldmeier M.D. Registrar.

FEB 5 1937

17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1937 to Feb 4, 1937

I last saw her alive on Feb 4, 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Other contributory causes of importance:	
Valvular Heart disease	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Lauer Fisher, M. D.

(Address) 1823 N. Broadway

U. S.—WRITE PLAINLY, with UNFADING INK—THIS IS A PERMANENT RECORD. Entry must be complete in every item. If information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

9-5

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 Gorsuch Avenue St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME SELENA M. RUSSELL (Lena)

If U. S. Veteran specify WAR

(a) Residence: No. 813 Gorsuch Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of William E. Russell

6. DATE OF BIRTH (month, day, year) December 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	----	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Patrick McDonald

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Betz

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Mrs. Blanche Green

(Address) 813 Gorsuch Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 2/6 '37

19. UNDERTAKER Chas. P. Mares & Son

(Address) 118 West Royal Ave

Huntington Indiana

FILED FEB 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1937 to Feb. 3 1937

I last saw h[illegible] alive on Feb. 3 1937 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia.	1/31/37
Other contributory causes of importance: Influenza.	1/31/37

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. Tumminello, M. D.

(Address) Medical Arts Bldg.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 32022

F 32022 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2837 Eadman Ave St., 8-1 Ward)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ino. Louisa Vondersheit

(a) Residence: No. 2837 Eadman Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Vondersheit

6. DATE OF BIRTH (month, day, year) June 24-1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	7	9 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME Yager

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Pauline

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT Mrs. Pauline Vondersheit

(Address) 2837 Eadman Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb. 6 1937

19. UNDERTAKER George L. Schwab.

(Address) 2101 Eadman Ave.

20. FILED FEB 5 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 37 to Feb 4 37

I last saw her alive on Feb 4 37 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	Feb 4 37
Senility	

Other contributory causes of importance:

Auto Accident Infirmities of age

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Shepherd Davis M. D.

(Address) 12 E. 39 St. Balto. Md.

F 32023

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 32023

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St., 0-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Stewster

(a) Residence: No. 1400 North Bradford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-13-37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Leonard Stewster

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Marie Stewberth

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL FEB 5 - 1937 19

19. UNDERTAKER

(Address) Commissioner of Health

20. FILED B 3 1937 Per H. A. Moore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-14 , 1937

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 7:15A m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) The Johns Hopkins Hospital, M. D.

(Address)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32024

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 32024

Registered No. 159

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St., 7-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Baby Beasley

(a) Residence: No. 1409 Edgarton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-11-37

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 3 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Albert Aldridge

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lula Beasley

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL FEB 5 - 1937

19. UNDERTAKER ... Commissioner of Health
(Address) ... Per M. A. Moore

20. FILED ... 1937 ... Registrar

B 5 - 1337

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-11, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8.30 P. m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. Hunter, M. D.

(Address) The Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32025

F 32025

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 154

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Thomas

(a) Residence: No. 526 Ulman St., St Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/12/35

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date FEB 5 - 1937

19. UNDERTAKER Commissioner of Health
(Address)

FEB 5 1937 Per H. A. Bloom Huntington Pittsburgh, Pa.

2967 A

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1937 to Jan 31, 1937

I last saw her alive on Jan 31, 1937, Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
OSTEOMYELITIS, Acute - (Left arm)	1/28/37
SEPTICEMIA, STAPHYLOCOCCAL.	1/30/37

Other contributory causes of importance:

Was an operation performed? Yes Date of 1/30/37

For what disease or injury? Osteomyelitis, Left arm

What test confirmed diagnosis? Operation Was there an autopsy? Yes,

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Irving Rosenbaum Jr. M. D.

(Address) Johns Hopkins Hospital

F 32026

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32026 1770

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 37-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Lightner

(a) Residence: No. 3003 Oakford ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 2-1-37

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Balthas Lightner

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Bernardine Obrian

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date FEB 5 - 1937

19. UNDERTAKER Commissioner of Health
(Address) Per M. A. Moore

FILED FEB 5-1937

Huntington Williams, M.D.

#2968 F

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-2-37 . 19

22. I HEREBY CERTIFY, That I attended deceased from February 1 . 1937 to Feb. 2 . 1937

I last saw him alive on Feb. 2 . 1937 Death is said to have occurred on the date stated above, at 2:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	2-1-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? No

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert Shirley M. D.

(Address) Johns Hopkins Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32027

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32027

CERTIFICATE OF DEATH

54-E

1. PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No.) Raymendue & Dukeland St. 16-6 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Sarah Clancy

If U.S. Veteran specify WAR

(a) Residence: No. 2863 W. Lafayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Maurice L. Clancy

6. DATE OF BIRTH (month, day, year) Sept. 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	4 5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hanover Pa.

FATHER

13. NAME John Gallagher

14. BIRTHPLACE (city or town) (State or country) N. J.

MOTHER

15. MAIDEN NAME Sarah Beare

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Maurice L. Clancy

(Address) 2863 W. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Downs Date Feb. 6 1937

19. UNDERTAKER Martin Baker & Sons

(Address) 1827 W. North Ave

20. FILED Huntington Williams, Registrar

B 3-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 4th 1937

22. I HEREBY CERTIFY, That I attended deceased from January 30th, 1937, to February 4th, 1937

I last saw her alive on February 4th, 1937 Death is said to have occurred on the date stated above, at 2.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenoma of pituitary	unknown
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry S. Finkle, M. D.

(Address) West Balto. General Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32028

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32028

CERTIFICATE OF DEATH

× V/60-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 4th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Driggs

If U.S Veteran specify WAR

(a) Residence: No. Home Virginia St. Annapolis Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Color	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 2 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		42	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Jessie Driggs

14. BIRTHPLACE (city or town) (State or country) A. A. Co

MOTHER

15. MAIDEN NAME Minnie Driggs

16. BIRTHPLACE (city or town) (State or country) A. A. Co

17. INFORMANT Jessie Driggs

(Address) Jewell. A.A. Co

18. BURIAL, CREMATION, OR REMOVAL

Place Jewell Date Feb 7 37

19. UNDERTAKER J. B. Johnson

(Address) Annapolis

20. FILED Huntington Williams Registrar.

FEB 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1937 to Feb 4, 1937

I last saw him alive on Feb 4, 1937 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage.	Feb 2

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thomas E. Jones M. D.

(Address) University Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32029

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32029

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4405 Mansfield Ave St. 27-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Edelman

If U.S. Veteran specify WAR .....

(a) Residence: No. 4405 Mansfield Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Edelman

6. DATE OF BIRTH (month, day, year) 10-13-1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Can Mnfg.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 30

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Anna Dellosso

(Address) 4405 Mansfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 2-6 19 37

19. UNDERTAKER Leonard Rusk

(Address) 2305 Hanford Rd

20. FILED ..... By .....

EB 5-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-3 19 37

22. I HEREBY CERTIFY, That I attended deceased from February 3, 1937 to February 3 1937

I last saw him alive on February 3, 1937 Death is said to have occurred on the date stated above, at 8.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Influenza.	2 Days

Other contributory causes of importance:

Senility

Was an operation performed? No Date of —

For what disease or injury? None.

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 .....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) James E. Kuntz M. D.

(Address) 5214 Hanford Rd.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 32030

32030 HEALTH DEPARTMENT—CITY OF BALTIMORE E 32030

CERTIFICATE OF DEATH

X V 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4 W Ward)

Length of residence in city or town where death occurred 0 mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Earl Brown

(a) Residence: No. Glenelg Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Reba Brown

6. DATE OF BIRTH (month, day, year) Dec 8 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) 12/36

11. Total time (years) spent in this occupation 12 yr.

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph Brown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Olga Phelps
(Address) Glenelg Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Providence Cem Date 2/7/37

19. UNDERTAKER F. C. Higinbotham Jr.
(Address) Ellicott City.

20. FILED EB 5 1937 Huntington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 1937 to Feb 4 1937

I last saw him alive on Feb 4 1937. Death is said to have occurred on the date stated above, at 5P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 31 1937
Other contributory causes of importance: Rheumatic heart disease	—

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. E. Bush M. D.

(Address) Howard Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32031

F 32031

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 13-2 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Betty Jane Klein

(a) Residence: No. 2121 Edelson Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/5/24

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at School

10. Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. - Maryland

FATHER

13. NAME Charles Klein

14. BIRTHPLACE (city or town) (State or country) Balto - Md -

MOTHER

15. MAIDEN NAME Myrtle Wolheim

16. BIRTHPLACE (city or town) (State or country) U - Pa -

17. INFORMANT Friends -
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 2-5-37

19. UNDERTAKER S. F. B. Philpert & Son
(Address) 326 Eutaw Place

20. FILED Huntington Lighthouse, M.D.

FEB 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb - 2 , 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 , 1937 to Feb 2 , 1937
I last saw her alive on Feb - 2 1937 Death is said to have occurred on the date stated above, at 4 46 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	1931
Pulmonary edema	2-2-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Palmer H. Fletcher M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32032

32032 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyderhaus Hospital St., 9-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elzie Mason

(a) Residence: No. Clarksville, Md. Montgomery Co St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 6, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	5	29?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) 1/2 1/34

11. Total time (years) spent in this occupation 15yr

12. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

FATHER

13. NAME Andrew Mason

14. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

MOTHER

15. MAIDEN NAME Mary Hebron

16. BIRTHPLACE (city or town) (State or country) Montgomery Co. Md.

17. INFORMANT Andrew Mason

(Address) Dawsonville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Sugarland Md Date Feb 4 1937

19. UNDERTAKER Roy W Barber

(Address) Gaithersburg Md

FILED FEB 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1937, to Feb. 4, 1937

I last saw h.i.m. alive on Feb. 4, 1937. Death is said to have occurred on the date stated above, at 10 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus Meningitis	1/30/37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sidney Gelman M. D.

(Address) Lyderhaus Hospital

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 32033

F 32033 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 10 - Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Christian F. Hoch

If U. S. Veteran specify WAR .....

(a) Residence: No. 1041 N. Central Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Hoch

6. DATE OF BIRTH (month, day, year) Aug. 11, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone-Mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) France Lorain

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lorain France

17. INFORMANT Mr & Mrs Harry Anderson
(Address) 4407 Harris Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 6, 1937

19. UNDERTAKER Milton Schilling
(Address) 1122 E Monument St

Filed ... 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry) to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance: .....

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did Injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Alvin B. Wallace M. D.
Coroner

(Address) 1031 St Paul St.

EB 5 1937

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

E 32034

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 32034

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 8-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Roland Hill Cole

If U. S Veteran specify WAR .....

(a) Residence: No. 1215 N. Montford ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of [redacted]

6. DATE OF BIRTH (month, day, year) Dec. 14, 1899

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37 36	1	22 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electrician

10. Date deceased last worked at this occupation (month and year) Jan 6

11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John H. B. Cole

14. BIRTHPLACE (city or town) (State or country) Alexandria Va.

MOTHER

15. MAIDEN NAME Lillie A. McGann

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Lillie Ann McGann

(Address) 1215 N. Montford ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Feb 8 1937

19. UNDERTAKER John Burns Sons

(Address) Towson Md.

20. FILED Feb 8 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 5, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest found that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pyelitis Chronic Pyonephritis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schenker, M. D.

Coroner

(Address) 1918 E. North Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 5-1937

M. D. B. 1268-9

✓ F 32035

F 32035 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1641 E Lamont St., 16-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 7 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Williams

(a) Residence: No. 1641 E Lamont St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): June 28, 1870

7. AGE: Years 66 | Months 7 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: James E. Williams

14. BIRTHPLACE (city or town) (State or country): Balto. Md

MOTHER

15. MAIDEN NAME: Adelaide Walker

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Miss Anna L. Baxter

(Address) 1641 E Lamont St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date Feb. 6, 1937

19. UNDERTAKER: A. Howard Evans

(Address) 1300 W. Lafayette Ave. Baltimore, Md.

FEB 5 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 3rd, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 18 1936 to Feb 3rd 1937

I last saw her alive on Feb 3rd 1937. Death is said to have occurred on the date stated above, at 4:15 p m.

The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset 2/2/37

Hypertension

Arteriosclerotic

Vascular Disease

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Byrd M. D.

(Address) 3044 Eastern Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32036

F 32036 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2209 Homewood Ave St., 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Bessie Mary Mc Gill

(a) Residence: No. 2209 Homewood ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 4, 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept. Store 10-09

10. Date deceased last worked at this occupation (month and year) Feb 2 1937

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Wm. Mc Gill

14. BIRTHPLACE (city or town) (State or country) N. Y. State

MOTHER

15. MAIDEN NAME anna Mahoney

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Dougherty
(Address) 2207 Homewood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 2/6 1937

19. UNDERTAKER L. Vernon Lemmon
(Address) 411 Park Heights ave.

20. [illegible] Huntington Pittsburgh Pa Registrar.

B 5-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/8 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/2 1937 to 2/8 1937

I last saw h... alive on 2/8 1937. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/2/37
Arteriosclerosis	2 yrs

Other contributory causes of importance:

Pneumonia	2 days

Was an operation performed? No Date of ovn

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas J White, M. D.

(Address) 532 E 22nd St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32037

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 254 Robert St. Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Sumner Reed

If U.S. Veteran specify WAR .....

(a) Residence: No. 254 Robert St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Reed

6. DATE OF BIRTH (month, day, year): May 6, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Washington D.C.

FATHER

13. NAME: Louis Reed

14. BIRTHPLACE (city or town) (State or country): Washington D.C.

MOTHER

15. MAIDEN NAME: Ada Wallace

16. BIRTHPLACE (city or town) (State or country): Washington D.C.

17. INFORMANT: Elizabeth Reed.

(Address) 254 Robert St.

18. BURIAL, CREMATION, OR REMOVAL: Lincoln Memorial Park, Washington D.C.

Place ..... Date 2-8-37 19

19. UNDERTAKER: Mrs. Geo. E. Holland

(Address) 1621 Druid Hill Ave.

20. FILED FEB 6 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1937 to Feb 5, 1937

I last saw h[illegible] alive on Feb 5, 1937. Death is said to have occurred on the date stated above, at 6:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	Jan 15 1937
Osteomyelitis	Dec 29 1936
	over

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) George M. Donald M. D.

(Address) 544 N Carey St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32038

HEALTH DEPARTMENT—CITY OF BALTIMORE

19340 F 32038

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 9th-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Dickel

If U. S. Vet. specify WAR No Record

(a) Residence: No. 230 S. East Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine (L)

6. DATE OF BIRTH (month, day, year) 4-8-1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ford Balto Press

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Dickel

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary E. Hummel

16. BIRTHPLACE (city or town) (State or country) Balto. Maryland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Feb 8th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar

B 6 1937 at Eastern Philippines, P.I.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-5 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-8 1936 to 2-5 1937
I last saw him alive on 2-5 1937 Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	Several yrs
Other contributory causes of importance: Chronic Bronchitis	
Emphysema MD	

Was an operation performed? MD Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify .....

(Signed) Thos L. Rainey M.D.
(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 32039

F 32039 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 E. North Ave. St., 5-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mollie E. Porter

(a) Residence: No. 2001 E. North Ave St., Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married,~~ Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married,~~ widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of Levi Porter

6. DATE OF BIRTH (month, day, year) Mar 8th 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Hagerstown Md

FATHER

13. NAME William Feigley

14. BIRTHPLACE (city or town) (State or country) Hagerstown Md

MOTHER

15. MAIDEN NAME Catherine Wiles

16. BIRTHPLACE (city or town) (State or country) Hagerstown Md

17. INFORMANT Chas. J. Scherer

(Address) 7210 Harford Ave

18. BURIAL, CREMATION, OR REMOVAL

Rose Hill Hagerstown Md Date Feb 7th 1937

Place

19. UNDERTAKER Wm Bork

(Address) 1217 St Paul St

20. FILED FEB 6 1937 Thurlington [illegible] Traverse, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4th, 1937

22. I HEREBY CERTIFY, That I attended deceased from June, 1936 to 7 Feb 4 1937

I last saw h[illegible] alive on 7 Feb 4 1937. Death is said to have occurred on the date stated above, at 4-30 P m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus — Date of onset

Other contributory causes of importance:

Angina Pectoris

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jacob Frahm M. D.

(Address) 1823 N. Wolfe St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 3

M. D. B 1268-9

F 32040

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32040

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1 Old Rd Lee Clifford Clinton St 15-2 St. Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William A. Taylor If U. S. Vet. specify W. Spanish War

(a) Residence: No. 1511 McKean Ave St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie

6. DATE OF BIRTH (month, day, year) May 21 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME William Taylor

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT Mrs Fannie Taylor
(Address) 1511 McKean Ave

18. BURIAL, CREMATION, OR REMOVAL
Place U. S. National Date Feb 8th, 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Feb 8 1937 Huntington Ave Finnegan

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. W. Wright Coroner, M. D.

(Address) 1310 S. Edmondson Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32041

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32041

CERTIFICATE OF DEATH

34-9-131

Registered No. 3-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rainer, Thomas

If U. S. Veteran specify WAR .....

(a) Residence: No. 330 S. Spring St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	W

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sally Rainer

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Liza ?

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT B C H Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date Feb. 6 '37

19. UNDERTAKER Wendell D. Rippeth
(Address) 405 Cathedral St.

20. FILED ..... 19..... Registrar.

B 6.. 1531 Huntington Publishing Co., Phila., Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-2 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-26, 1937 to 2-2, 1937

I last saw h/ M alive on 2-2, 1937 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Renal Disease	Several mos.
	0

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Yes

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Rainey M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32042

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32042

CERTIFICATE OF DEATH

XXX 20465

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 3-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Jantuniszak

(a) Residence: No. 854 S. Bond St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anastaia

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Mt. Matthew Date Feb. 6, 1937

19. UNDERTAKER Wendell Leppert
(Address) 1765 Eastern Ave.

20. FILED 19 Registrar.

FEB 6, 1937 Huntington Pettigrew, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-31, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-20, 1937 to 1-31, 1937

I last saw h.IM alive on 1-31, 1937 Death is said to have occurred on the date stated above, at 4:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. F. Ramey M. D.

(Address) Baltimore City Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9.

F 32043

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32043

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 S. Carlin's St. B-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Susie Seaton

(a) Residence: No. 415 S. Carlin's St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
86	86			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Brett (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) " (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) " (State or country) "

17. INFORMANT John Witten

(Address) 513 S Carlin's St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Feb 6, 1937

19. UNDERTAKER Wendell & Lippert

(Address) 1405 Eutaw St

20. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Lobar pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public places .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) [illegible] M. D.

Coroner

(Address) 1010 E. Fayette St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

F 32044 ✓ F 35044

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-W

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 606 N Lee St. 22-W Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Queenie Hurst

If U. S. Veteran specify WAR ...

(a) Residence: No. 606 N. Lee St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Practical Nurse
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME John Boyd
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Isabella Chesley
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Georgiana Lewis
(Address) 606 N. Lee St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Feb. 7, 1937

19. UNDERTAKER James A Hayes
(Address) 142 W Fayette St

20. [illegible] Huntington Ave Baltimore Md

B 6 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1937, to Feb 4, 1937

I last saw h[illegible] alive on Feb 4, 1937 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Other contributory causes of importance: Toxemia	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Physical signs autopsy

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H. Grampel Lewis M. D.

(Address) 606 N Wanbury

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Blks.

32045

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32045

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH Crawford Nursing Home — REGISTERED NO.....

CITY OF BALTIMORE: (No. 2117 Lemmon ~~Braddish~~ Braddish, St. 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sallie ~~Hicks~~ Hendrix

(a) RESIDENCE. No. 328 E 22nd St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 ~~Single~~ ~~Married~~, Widowed, or ~~Divorced~~ (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James M Hendrix

6 DATE OF BIRTH (month, day, and year) Apr 30, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Shrewsbury Pa

PARENTS

10 NAME OF FATHER Wm H. Griffiths

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Elizabeth Hammond

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Mrs Edd Engler (Address)

15 Filed FEB 6 1937 Huntington Phillips Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-5- 1937

17 I HEREBY CERTIFY, That I attended deceased from January 1925, to 2-5- 1937.

That I last saw her alive on 2-4- 1937.

And that death occurred, on the date stated above, at 1958 am

The CAUSE OF DEATH* was as follows:

Cardio-renal-vascular sclerosis - Terminal pneumonia

(duration) about 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Edd Hendrix, deceased

(duration) 20 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ? -

Did an operation precede death? no Date of

Was there an autopsy? no -

What test confirmed diagnosis? Clinical

(Signed) Wilton Rutherford, M. D.

, 19 (Address) Blackstone Apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Shrewsbury - Pa — DATE OF BURIAL: Feb. 7 1937

20 UNDERTAKER: Wm J. Tickner & Son — ADDRESS: North Ave

FEB 6 1937

19956

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32046

CERTIFICATE OF DEATH

115-a

F 32046

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Elsezy

If U. S. Veteran specify WAR

(a) Residence: No. 1624 Mosher St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mabel

6. DATE OF BIRTH (month, day, year) 12-25-1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Annie Elsezy

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 2/6/37 19

19. UNDERTAKER Chas H. Cooper
(Address) 514 N. Calhoun St.

FEB 6 1937 19 Huntington Williams M.D.

VS 3

(Elsezy)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-3 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-2 1937 to 2-3 1937

I last saw h. IM alive on 2-3 1937 Death is said to have occurred on the date stated above, at 3:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Beta. Hemolytic Streptococcal Septicemia	31 days
Other contributory causes of importance:	over

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? V.S. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospitals

32047

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32047

CERTIFICATE OF DEATH

92-a

Registered No. 19-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1419 Cairo St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachel Elizabeth Hill

If U. S. Veteran specify WAR

(a) Residence: No. 1419 Cairo St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Jacob ~~Widowed~~

6. DATE OF BIRTH (month, day, year) 8-14-1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) 2-1-37

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Jacob Hill

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Maria Queen

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Nettie Hill (Daughter)
(Address) 1419 Cairo St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 2-6 1937

19. UNDERTAKER Chas G. Cooper
(Address) 514 N. Calhoun St.

20. FILED Huntington Hillegas M.D.

FEB 6 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3rd 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28th 37 to Feb. 3rd 1937

Last saw her alive on Feb. 2nd. 1937 Death is said to have occurred on the date stated above, at 1.0a.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Decomp. — Date of onset Jan 28 193

~~Mitral Ins. duration~~ 7

Other contributory causes of importance:

Mitral Ins. about three mts duration

Was an operation performed? No. Date of

For what disease or injury? None

Name of operation Physical Exam Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter J. Jackson M. D.

(Address) 1631 W. Franklin st

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 32048 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32048

CERTIFICATE OF DEATH

154

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital Ward 23-1)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Pardoe

If U. S. Veteran specify WAR .....

(a) Residence: No. 1424 Clarkson St. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 4, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
0	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William E. Pardoe

14. BIRTHPLACE (city or town) (State or country) Calvert County Md.

MOTHER

15. MAIDEN NAME Alma Craig

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Alma Craig

(Address) 1419 Rose St.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~

Place London Memorial Park Date 2/6/ 1937

19. UNDERTAKER Geo. Leimbach & Son

(Address) 425 Lyndhurst St. City

FILED FEB 6 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4 , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation — Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) Paul Schenker M. D.

Coroner

(Address) 1917 E. Monument Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. H. B. 1268-9

F 32049

32049

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 Sharp St. 22 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. .. mos. .. ds. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

2. FULL NAME Emma Green

(a) Residence: No. 801 Sharp St., 22 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Green

6. DATE OF BIRTH (month, day, year) 1876

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **apluner, sawyer, bookkeeper,** etc. Domestic

9. Industry or business in which work was done, as **silk mill, saw mill, bank,** etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Isaiah Raif

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Laura Anderson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wesley Raif

(Address) 1162 Penfield

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 2/8/87 19

19. UNDERTAKER Isaiah L Brown & Son

(Address) 1080 Montgomery St

(Signed) Huntington Williams M.D.

Registrar

FILED FEB 6 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5th, 19 31.

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.., to ..., 19..

I last saw h... alive on ... 5 ..., 192.. Death is said to have occurred on the date stated above, at 7:10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	
Hypertension	
Tumor	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.

(Address) .....

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32050

32050 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 Sharp St. 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME William Hill

If U. S. Veteran specify WAR

(a) Residence: No. 909 Sharp St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	W

5a. If married, widowed, ~~or divorced~~, HUSBAND of (or) ~~WIFE of~~ Katie Hill

6. DATE OF BIRTH (month, day, year) Sept 3 1874

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
62	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James Hill

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Eliza Bissell

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Bertha Spriggs

(Address) 909 Sharp St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 2/7/37 19

19. UNDERTAKER Isaiah L Brown & Son

(Address) 108 N Montgomery St

20. FILED 19 ..., Registrar.

FEB 8 1937 Huntington Highlands, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 37 to Feb 4, 37

last saw h.. alive on Feb 4th, 1937. Death is said to have occurred on the date stated above, at 4.10 A m.

23. The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	1/31/37
Other contributory causes of importance: arterial hypertension	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) D H Carroll, M. D.

(Address) 59 W Hoffman St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

✓ F 32051

F $2051 HEALTH DEPARTMENT—CITY OF BALTIMORE

82B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital St., 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Wallace

(a) Residence: No. 1428 Popular Grove Ave., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John E Wallace,

6. DATE OF BIRTH (month, day, year) February 28 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	11	7 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Somerset Co Md

FATHER

13. NAME Wm J. Griffith

14. BIRTHPLACE (city or town) (State or country) Somerset Co Md

MOTHER

15. MAIDEN NAME D. Katherine Camille

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Mary M Basil

(Address) 1428 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date FEB 8 1937 19

19. UNDERTAKER Geo M Settle

(Address) EDMONDSON AV

20. FILED FEB 6 1937 Huntington Pollitt, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 1937 to Feb 5 1937

I last saw h[illegible] alive on Feb 5 1937 Death is said to have occurred on the date stated above, at 4 00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	1-26-37
Other contributory causes of importance:	
Chronic Bronchitis pneumonia 2 days	

Was operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank R Stephenson M. D.

(Address) St Joseph's Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32052

F 32052

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hospital St., 6-1 (Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Tribler (Triblowski)

If U. S. Veteran specify WAR ...

(a) Residence: No. 437 N. Kennard St., ... Ward.

(Usual place of abode) Ditto (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Entirett

6. DATE OF BIRTH (month, day, year) 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) =

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) =

17. INFORMANT J. P. Tribler

(Address) 437 N. Kennard

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date 2/8/ 37 19

19. UNDERTAKER John J. Puda

(Address) 2801 N. Hudson St

20. FILED ... 19 ... Registrar.

FEB 8 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry) to ... death on the day stated above. 10 46' pm,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Esophagus.	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Wm Carnan M.D. Coroner

(Address) 1215 Hanover

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

32053

HEALTH DEPARTMENT—CITY OF BALTIMORE

#20806

CERTIFICATE OF DEATH

108 F 32053

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 93-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lucy Butler

(a) Residence: No. 1416 Patapsco St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) 10/8/1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Arthur Burton

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sally Waters

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Martinsburg W.Va. Date Feb 6 1937

19. UNDERTAKER J. Vernon Keehner
(Address) 230 Edmondson Ave

20. FILED FEB 6 1937 Registrar.

Huntington Williams, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-5 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-3 1937 to 2-5 1937

I last saw her alive on 2-5 1937 Death is said to have occurred on the date stated above, at 7½ A.m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Lobar Pneumonia	7 days
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F Rooney M.D.

(Address) Baltimore City Hospitals

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32054

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32054

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1570 E. Biddle St 8-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lulu Catherine Kelly

If U. S. Veteran specify WAR .....

(a) Residence: No. 1570 E. Biddle St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

5a. If married, widowed, or divorced (or) WIFE of Clarence Kelly.

6. DATE OF BIRTH (month, day, year) November 3, 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Portsmouth Va.

FATHER

13. NAME Lewis West

14. BIRTHPLACE (city or town) (State or country) Littleton N.C.

MOTHER

15. MAIDEN NAME Katie Powell

16. BIRTHPLACE (city or town) (State or country) Raleigh N.C.

17. INFORMANT (Address) Clarence Kelly 1570 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL Place Portsmouth Va. Date Feb 8 1937

19. UNDERTAKER (Address) Robert L. Cowgill 804 N. Carolina St.

FEB 6 1937

20. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 5 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-28- 1937 to 2-5- 1937

I last saw her alive on 2-4- 1937 Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2-1-37
Other contributory causes of importance: Influenza.	1-24-37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) W. A. Cargill, M. D.

(Address) 611-N. Carolina

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

32055 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 32055

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH St. Agnes' Hospital — Registered No. .....

CITY OF BALTIMORE: (No. Wilkens & Caton Aves. St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Jean Joyce Murray, — If U.S. Veteran specify WAR .....

(a) Residence: No. Ellicott City, Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 30, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	5 weeks 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Albert Murray

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Hilda Lea

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hosp Record,
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Johns Cem Date Feb. 8 1937

19. UNDERTAKER Easton Sons
(Address) Ellicott City

20. FILED FEB 9 1937 Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-6- 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-3- 1937 to 2-6- 1937

I last saw her alive on 2-6- 1937 Death is said to have occurred on the date stated above, at 5.50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	2-1-37
Other contributory causes of importance: Infancy.	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Louis L. Llewellyn M. D.

(Address) St. Agnes Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 32056 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 32056

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1425 Penna Ave St. 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Alston

If U. S. Veteran specify WAR

(a) Residence: No. 1425 Penna Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Alston

6. DATE OF BIRTH (month, day, year) 5-13-1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Littleton NC

FATHER

13. NAME Charles Alston

14. BIRTHPLACE (city or town) (State or country) NC

MOTHER

15. MAIDEN NAME Lou Easton

16. BIRTHPLACE (city or town) (State or country) NC

17. INFORMANT Rosa Mae Alston (Address) 1425 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary 2/6 37

19. UNDERTAKER William A Jackson (Address) 916 Penna Ave

20. FILED FEB 6 1937 Huntington Pollitzer, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by Inquest found that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Jan 24
	1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? None

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo. L. Allen M. D.

(Address) 20 Aisquith St

Use state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32057

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32057

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 322 N. Preston St. 11-4 Ward)

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred all his life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Campbell

(a) Residence: No. 322 N. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 22-1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housemaid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Campbell

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lucy Bibbs

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lucy Campbell
(Address) 322 N. Preston St

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Calvary Cem State Feb 1937

19. UNDERTAKER A. Loughlin Hahn
(Address) 911 Edmondson Ave

20. FILED FEB 6 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1937, to Feb 4, 1937
I last saw her alive on Feb 2, 1937. Death is said to have occurred on the date stated above, at 1.32 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	May 25 1937

Other contributory causes of importance:

None

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. J. Callahan M. D.

(Address) 812 Eutaw Place

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

32058

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32058

CERTIFICATE OF DEATH.

92a

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 N. Bruce ST. 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harriett Moulden

(a) RESIDENCE NO. 311 N. Bruce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Thomas Moulden

6 DATE OF BIRTH (month, day, and year): Feb 15, 1874

7 AGE — Years: 62 — Months: 11 — Days: 20 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 0037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): West River Maryland

PARENTS

10 NAME OF FATHER: David Boom

11 BIRTHPLACE OF FATHER (city or town) (State or country): West River Maryland

12 MAIDEN NAME OF MOTHER: Caroline Eese

13 BIRTHPLACE OF MOTHER (city or town) (State or country): West River Maryland

14 Informant: Wm Thomas Moulden

(Address): 311 N. Bruce St

15 FILED: FEB 6 1937 Huntington Pittenger, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-5- 1937

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1936, to Feb 5, 1937,

that I last saw h alive on Feb 4, 1937,

and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Chronic valvular disease of heart

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs & symptoms

(Signed) John E. S. Camper, M. D.

, 19 (Address) 639 N. Carey st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: Feb. 9, 1937

UNDERTAKER: Mrs Katie P. Williams

ADDRESS 3224 Edmondson St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

EB 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

32059 F 32059

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 712 S. Conklin St. St., 16 Ward) 769

Registered No. 93c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Justina Wagner.

If U. S. Veteran specify WAR

(a) Residence: No. 712 S. Conklin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Wagner

6. DATE OF BIRTH (month, day, year) Aug 30/1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Danial Habel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Weber.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edward Wagner (Son)
(Address) 712 S. Conklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Feb. 8 19 37

19. UNDERTAKER Filby & Zeiler Sons
(Address) 403 S. Eutaw St.

20. FILED [illegible] Registrar

B 6 1987 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4 , 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13th, 1937, to Feb 4, 1937

I last saw her alive on Feb 3rd, 1937. Death is said to have occurred on the date stated above, at 9/15 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	3 Mos.
Chronic Myocarditis.	1936
Coronary occlusion	Nov 1936
	Feb 3 1937

Other contributory causes of importance

Ulcers legs. 1936

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Frank D'Virgilio M. D.

(Address) 213 S. Caroline St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 32060

32060 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

60

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 1W-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. 1 mos. .....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Askew Darby

(a) Residence: No. 1912 McCulloh St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

6. DATE OF BIRTH (month, day, year) Feb 27 36

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Celia Darby

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Askew Gatewood

(Address) 1912 Mc Culloh St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 2/6 37

19. UNDERTAKER Wm A Jackson

(Address) 916 E. Pennsylvania Ave

20. FILED 1937 Arlington Baltimore County

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb 5 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scurvy	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) Paul Schenberg, M. D. Coroner

(Address) 1714 E. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 5 1937

F 32061

F 32061

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 Division St. 1st Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Stewart

If U. S. Veteran specify WAR

(a) Residence: No. 1715 Division St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	col.	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: widowed

6. DATE OF BIRTH (month, day, year): 1838 ~~1838~~

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
98	99			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Ned Brokeley

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Richard Stewart

(Address): 1001 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL: Douglas Date: FEB 6 1937, 19

19. UNDERTAKER: Byron O. Keighley

(Address): 818 Druid Hill Ave

20. FILED: FEB 6 1937 Huntington Funeral Home, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 3, 19 37

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 — 1937 to Feb 3 1937

I last saw h[illegible] alive on Feb 3 1937 Death is said to have occurred on the date stated above, at 9p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
	?
Other contributory causes of importance: old age, bronchitis	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edw. J. Shuttleworth, M. D.

(Address) 1230 Druid Hill Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

La 2093

32062

HEALTH DEPARTMENT—CITY OF BALTIMORE F 32062

CERTIFICATE OF DEATH

V 48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2911 Cold Spring Lane St., 5-13 Ward

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 45 yrs. ... mos. ... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Tillie Shapiro

(a) Residence: No. 2911 Cold Spring Lane St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry

6. DATE OF BIRTH (month, day, year)

7. AGE: Years √3 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Louis Kleng

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Sophie Offenberg

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Husband
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Baltimore Southern Cem Date 2/7/37 19

19. UNDERTAKER: Jack Levy
(Address) 1457 E. Baltimore St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-6-37 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1937 to Feb 6 1937

I last saw her alive on Feb 5 1937. Death is said to have occurred on the date stated above, at 3.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	√
Other contributory causes of importance: Malignant Cachexia	√

Was an operation performed? no Date of ...

For what disease or injury? none

What test confirmed diagnosis? Path Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? √ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place √

Manner of injury √

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Helen L. Taylor M. D.

(Address) 12 19 Eutaw Place

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

FEB 7 1937

F. D. 32063

F 32063

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1648 Ruxton St. 15-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Abraham Hochman

If U. S. Veteran specify WAR .....

(a) Residence: No. 1648 Ruxton ave St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katie Hochman

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	about 65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Re General 045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchandise

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joseph Hochman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Pessa

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Joel J. Hochman

(Address) 1648 Ruxton ave

18. BURIAL, CREMATION, OR REMOVAL Fleming Bros Date 2/7/37 19

19. UNDERTAKER Jack Fleming Inc

(Address) 1439 Eutaw St

20. FILED FEB 1 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 31 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to ..... death on the day stated above. 3 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of Heart and Pulmonary Edema	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Hamburger M. D.

Coroner

(Address) 12 S Hanover

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32064 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32064

CERTIFICATE OF DEATH

✓9

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2405 McElderry St. W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ruth B. Thomas

If U.S. Veteran specify WAR

(a) Residence: No. 2405 McElderry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 21-1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frank Thomas

14. BIRTHPLACE (city or town) (State or country) Cambridge Md.

MOTHER

15. MAIDEN NAME Marguerite Minchin

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Frank Thomas

(Address) 2405 McElderry St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lamb Date Feb. 7 19 37

19. UNDERTAKER C. Miller & Son

(Address) 2334 Jefferson St.

20. FILED FEB 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 6. 1937

22. I HEREBY CERTIFY, That I attended deceased from February 16. 1937. to February 6. 1937.

I last saw her alive on February 6. 1937. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Feb 6 37
Other contributory causes of importance:	
Cyanosis Convulsions	3 days
Intracranial Hemorrhage	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. G. Tepper, M. D.

(Address) 156 N. Milton Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32065

F 32065 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospt. St., 7 - W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Thomas McClain

(a) Residence: No. 747 N. Milton Ave St., ... Ward. 7th

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced (or) WIFE of Minnie McClain

6. DATE OF BIRTH (month, day, year) Dec 19-1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer 0063

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. News-Post

10. Date deceased last worked at this occupation (month and year) Dec - 1936

11. Total time (years) spent in this occupation 37 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John McClain

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Eliz Stetter

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT J. D. McClain

(Address) 747 N. Milton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Date Feby. 8th 1937

19. UNDERTAKER Geo. M. Fink & Son

(Address) 811 N Wolfe St

20. FILED ..... 19 ..... Registrar.

FEB 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 4 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 1 - 4 . 1937 to 2 - 4 . 1937

I last saw h. alive on 1 - 4 . 1937 Death is said to have occurred on the date stated above, at 8:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mesenteric Thrombosis	2-2-37
Coronary Thrombosis	2
Multiple infarction of Kidneys	2-2-37
Other contributory causes of importance: Bronchial Pneumonia	1-4-37

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. Warren Gilbertson, M. D.

(Address) Univ. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. F. B. 32066

F 32066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 2 B-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Marie Mullican

If U. S. Veteran specify WAR

(a) Residence: No. 4308 Nicholas Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Stafford Mullican

6. DATE OF BIRTH (month, day, year) Jan. 25 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37	0	11 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles Kriss

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Betsie Hosky

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Stafford Mullican

(Address) 4308 Nicholas Ave.

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer - Feb 8 - 1937 19

Place Date

19. UNDERTAKER J. J. Stern & Son

(Address) 300 E Kentucky Ave

20. FILED Huntington Pittsman

FEB 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5 , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2/5 1937

Where did injury occur? 4308 Nicholas Ave. Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Fell down steps

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

AaCo. 5-31 250B

F 32067

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32067

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1537 Light St. ~~24~~ Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Phillip J. Lacey

(a) Residence: No. 1537 Light St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about	71	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Davidson Chemical Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Patrick Lacey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Lee

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs E Connelly
(Address) 1536 Light

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 2/8/37

19. UNDERTAKER Harry J. Grieves & Sons
(Address) 1918 Light St.

FILED FEB 7 1937 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 2, 1936, to Feb. 5, 1937

I last saw him alive on Feb. 5, 1937 death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Indefinite
Other contributory causes of importance:	
Uremia	2/4/37

Name of operation None Date of

What test confirmed diagnosis Clinical Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

2/6/37 (Signed) P. J. Lacey M.D.
(Address) 1644 Hanover St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 32068

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32068

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 2909 Ailse Ave, St. Hamilton Ward. 37-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Mogck

(a) Residence: No. # 2909 Ailse Ave, Hamilton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Mogck Sr.

6. DATE OF BIRTH (month, day, year) Dec 9th, 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
86	1	22 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Harry M. Coolahan

(Address) # 2909 Ailse Ave, Hamilton

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date 2 / 8 / 1937

19. UNDERTAKER John J. Cowan & Son

(Address) # 901 Hollins Street,

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 / 5 / 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1937 to Feb 5, 1937

I last saw her alive on Feb 5, 1937 Death is said to have occurred on the date stated above, at 7.55 P.M. (7.55)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Phlebitis (R leg)	5 wks.
Chron. Myocarditis	5 wks
Intracranial Trouble.	Feb 5 '37
Other contributory causes of importance:	
Gallstones	1920

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank P. Vitrigilio M. D.

(Address) 212 E. Fayette St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32069

F 32069 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 325 S. Stricker St. 19-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank L. Frederick

If U. S. Veteran specify WAR .....

(a) Residence: No. 325 S. Stricker St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Carrie Frederick

6. DATE OF BIRTH (month, day, year) March 31 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Benjamin F. Frederick

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Martha A. Jackson

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Carrie Frederick

(Address) 325 S Stricker St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 2/8 1937

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Baltimore sts

FEB 7 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-4- 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1937 to Feb 4 1937

I last saw him alive on Feb 4 1937. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	Unknown

Other contributory causes of importance:

Cardiac Insufficiency

Was an operation performed? no Date of .....

For what disease or injury? none

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) John A. Buchmeyer M. D.

(Address) 37 S. Stricker St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32070

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 32070

131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2107 E. Preston St. Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna M. Gatch

(a) Residence: No. 2107 E. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: W.

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nicholas B. Gatch

6. DATE OF BIRTH (month, day, year): Jan. 1, 1873

7. AGE: Years 64 | Months 1 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): 1934

11. Total time (years) spent in this occupation: 60 37

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: John D. Seifert

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Anna M. Wombold

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Nicholas B. Gatch

(Address) 2107 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Feb 9, 1937

19. UNDERTAKER: Richard F. Burley F.D.

(Address) 1341 Gorsuch Ave

B 7 FILED 1937 Huntington Pittman M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 6th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 12th, 1934 to Feb 5th, 1937.

I last saw her alive on Feb 5th, 1937. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial nephritis	1934
Other contributory causes of importance: Hypertension	1935
Pulmonary Edema	

Was an operation performed? — Date of

For what disease or injury?

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H. J. Lankart M. D.

(Address) 119 N. Milton Ave

(119 N. Milton Ave.)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32071

F 32071 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167-W

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 12-1 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George P. Gouck

(a) Residence: No. Warrington apts St., N. Charles St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Francis

6. DATE OF BIRTH (month, day, year) 4-13-81

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0016

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Peter Gouck

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Mary Meyer

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 8 1937

19. UNDERTAKER Kenny W. Jenkins Inc Co

(Address) McCulloh & Orchard Sts.

20. FILED Feb 8 1937 Huntington Pilliard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb - 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1937 to Feb 5 1937

that I saw him alive on Feb 5 1937. Death is said to have occurred on the date stated above, at 7:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Jan 25, '37

Other contributory causes of importance:

Cardiac failure

Was an operation performed? NO Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) B. Hollis Hand M. D.

(Address) 626 N Washington St.

H 4376

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32072

32072
32487

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-D

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St., 7-5 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Abnetta Merchant

(a) Residence: No. 290 Biltmore ave St., Ward. Asheville N Car

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Luther

6. DATE OF BIRTH (month, day, year): 6-4-76

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): N. Car

FATHER

13. NAME: Samuel Harris

14. BIRTHPLACE (city or town) (State or country): N Car

MOTHER

15. MAIDEN NAME: Ilsey Harris

16. BIRTHPLACE (city or town) (State or country): N Car

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Asheville NC Date 2-9- 37

19. UNDERTAKER John O. Mitchell & Sons

(Address) 40 to Eastern Ave

20. FILED FEB 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1937 to Feb 7, 1937

I last saw her alive on Feb 7, 1937. Death is said to have occurred on the date stated above, at 12:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infarction, Right cerebral hemisphere - due to operation	2-5-37
Other contributory causes of importance: Benign brain tumor, middle fossa, Rt. side	3 mo.+

Was an operation performed? Yes Date of 2-5-37

For what disease or injury? Brain tumor

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. F. Jonas Jr. M. D.

(Address) The Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. R. B. F 32073

F 32073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

194-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 456 E. Federal St. 12-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. Brown

if U. S. Veteran specify WAR World War

(a) Residence: No. 456 E. Federal St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 2, 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James W. Brown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rosa Shorter

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Milton Bullard

(Address) 1203 Springfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date 2/8 1937

19. UNDERTAKER Francis A. Kingsley

(Address) 578 W. Biddle St

20. FILED ..., 19... Registrar

FEB 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphixiation, Caused by choking on piece of meat.	
Alcoholism acute	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2/4, 1937

Where did injury occur? Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Choked while in act of swallowing piece of meat

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Chas. B. Wallace M. D.

(Address) 1031 St Paul St Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B 1263-9

F 32074

F 32074 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 23-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alexander Dukes — If U. S. Veteran specify WAR .....

(a) Residence: No. 105 Hamburg St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: alice

6. DATE OF BIRTH (month, day, year): June 20 1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35	7	16 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Loner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Tasko 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): South Carolina

FATHER

13. NAME: Lewis

14. BIRTHPLACE (city or town) (State or country): S. C

MOTHER

15. MAIDEN NAME: Vinson

16. BIRTHPLACE (city or town) (State or country): S. C

17. INFORMANT: Mrs. Alice Dukes
(Address) 105 W. Hamburg St

18. BURIAL, CREMATION, OR REMOVAL
Place Manning S. Carolina Date 2/9 1937

19. UNDERTAKER: Josiah L. Brown Son
(Address) 1018 W. Monument Street

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 5, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia from Chronic nephritis	

Other contributory causes of importance: Cardio vascular hypertension

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suiride, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] Coroner, M. D.

(Address) 1010 S. Ellwood Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

32075 ✓ F 32075

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15-4107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2116 Wallbrook Ave St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Elizabeth Holland

If U.S Veteran specify WAR .....

(a) Residence: No. 2116 Wallbrook Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
female	white	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John G. Holland

6. DATE OF BIRTH (month, day, year) May 10, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Barbis

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Lawrence F. Holland
(Address) 2116 Wallbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Feb. 8, 1937

19. UNDERTAKER Martin Fisher & Sons
(Address) 1827 N. North Ave.

20. FILED FEB 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from JAN. 26, 1937 to FEB. 5, 1937

I last saw he alive on FEB. 4, 1937 Death is said to have occurred on the date stated above, at 3.24 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
BRONCHO-PNEUMONIA	1/26/37
Other contributory causes of importance: ACUTE CARDIAC DILATATION	2/4/37

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? PHYSICAL Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) C. W. Freeman, M. D.

(Address) 8 East Read St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32076

32076

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St. 4 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Mollie Allinder

(a) Residence: No. Baltimore Co. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Father deceased

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 46 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1937
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): ? Md.

FATHER
13. NAME: ? Lawn
14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER
15. MAIDEN NAME: Louise Lawn
16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Hosp. Record.
(Address) Immaculate

18. BURIAL, CREMATION, OR REMOVAL: Johns [illegible] Date Feb 11, 1937

19. UNDERTAKER: Chas. F. Groob.
(Address) Towson Md.

20. FILED 19 Registrar

FEB 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1937 to Feb 7, 1937.
I last saw her alive on 1 AM, 1937. Death is said to have occurred on the date stated above, at 1 8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic V.D. Mitral	?
Stenosis and Insufficiency	
Aortic Stenosis & Insufficiency	2/5/37
Cerebral Embolism	
Other contributory causes of importance: Pulmonary Edema	
Terminal Pneumonia	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Burdette Wolfe
(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32077

32077 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-W

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 826 E. 33rd St., 9-3 Ward)

Length of residence in city or town where death occurred 20 yrs. -- mos. -- ds. How long in U. S. If of foreign birth -- yrs. -- mos. -- ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Hysell Collins Schwartz

(a) Residence: No. 826 E. 33rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -------

6. DATE OF BIRTH (month, day, year) Jan. 11, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mason West Virginia

FATHER

13. NAME Paul H. Schwartz

14. BIRTHPLACE (city or town) (State or country) Mason West Virginia

MOTHER

15. MAIDEN NAME Clara M. Collins

16. BIRTHPLACE (city or town) (State or country) Mason West Virginia

17. INFORMANT Mr. Paul H. Schwartz
(Address) 826 E. 33rd Street

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cem. Date 2/8 19 37

19. UNDERTAKER Kenny & Mears & Son
(Address) 405 N. Calvert St.

20. FILED ..... 19 ..... Registrar.

B 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 5, 19 37

22. I HEREBY CERTIFY, That I attended deceased from June 19 20 to February 5, 19 37

I last saw him alive on February 4 19 37 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease	1912
Other contributory causes of importance: Acute nephritis	1937

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John [illegible] Frombey, M. D.

(Address) 3522 Greenmount Avenue

OCCUPATION is very important. See instructions on back of certificate.

F 32078

M. D. B 1268-9

F 32078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. 4-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 730 W. Lexington St. St. 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank William Greb

(a) Residence: No. 730 W. Lexington St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 4, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0052

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME August Greb

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Weidner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Greb
(Address) 1501 Pennsylvania Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 2/8/37 19

19. UNDERTAKER Geo. Weber & Son
(Address) 2503 Edmondson Ave

20. FILED Feb 8 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetis	
Lobar Pneunonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. K. Oldham M. D.

(Address) 2757 W. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32079

F 32079 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1/2 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida May Long

If U. S. Veteran specify WAR .....

(a) Residence: No. Cockeysville St., ... Ward. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Frank Patterson

6. DATE OF BIRTH (month, day, year) Jan. 29, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	—	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cockeysville Md.

FATHER

13. NAME John F. Long

14. BIRTHPLACE (city or town) (State or country) Balto. County Md.

MOTHER

15. MAIDEN NAME Raelle Workman

16. BIRTHPLACE (city or town) (State or country) Loudoun County Va.

17. INFORMANT Mrs. J. F. Long

(Address) Cockeysville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Grace Church Cemetery Date Feb. 10 1937

19. UNDERTAKER Wm. C. Brooks & Son

(Address) Sparks, Md.

20. FILED Feb 10 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	

Other contributory causes of importance:

Cerebral Hemorrhage.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B

V 8 6

William C Brown ✓ F 32080

32080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 N Fulton St., 18-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William C Brown

(a) Residence: No. 914 N Fulton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt. Daniel Md

FATHER

13. NAME Alfred Brown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Matilda Newman

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Julia Waters
(Address) Mt. Daniels, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Daniels Md Date Feb 9, 1937

19. UNDERTAKER Norman Marshall
(Address) St. Michaels, Md

20. FILED 19 ..... [illegible]

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 5 1937

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) [signature] M. D.

(Address) [illegible]

VS 3

EB 7 1937 [illegible]

F 32081

F 32081 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 8-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Carrie L. Stansbury

If U.S. Veteran specify War No Record

(a) Residence: No. 3009 Loma Terrace St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Wm. B. Stansbury

6. DATE OF BIRTH (month, day, year) Aug. 2, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) Jan. 1937.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frederick Fantelma

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Hofstetter

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Feb 9th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED FEB 8 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1937, to Feb. 7, 1937

I last saw her alive on Feb. 6, 1937. Death is said to have occurred on the date stated above, at 5 40 A.M.

The principal cause of death and related causes of importance were as follows:

lobar pneumonia, rt.

Date of onset 2/1/37

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) Raymond J. Tipon M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 32082

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32082

CERTIFICATE OF DEATH

28-3107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Donald Morrice Kirk

If U. S. veteran specify War No Record

(a) Residence: No. 4921 Windsor Mill Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ~~~~~

6. DATE OF BIRTH (month, day, year) Nov. 6, 1930

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~~~~ 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NS

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Stanley A. Kirk

14. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

MOTHER

15. MAIDEN NAME Catherine Stedding

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Stanley Kirk

(Address) 4921 Windsor Mill Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Roslyn Md. Date Feb 8 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED FEB 8 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malutrition	
Broncno Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.
Coroner

(Address) 8757 Belmont Av

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Use

M. D. B 1268-9

F 32083

F 32083 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-3

1. PLACE OF DEATH Sherwood Filling Sta. 27-13
CITY OF BALTIMORE: (No. Edas & Northern St., Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME J. Fredk Hearn

(a) Residence: No. 500 Woodlawn Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Hearn

6. DATE OF BIRTH (month, day, year) 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Selling cars

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME J. Fredk Hearn

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Louise Bowen

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Edgar L. Hearn
(Address) 500 Woodlawn Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 2/8, 1937

19. UNDERTAKER Wm Cook
(Address) 1217 Eutaw St

20. FILED FEB 8 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-renal disease	?
Chronic asthma	?
Chronic alcoholism	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) H. W. Nebinger Coroner, M. D.

(Address) Edmondson

Use state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32084

F 32084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 225 S. Ann St St., 2-E Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Pearl Celagia Pawlak.

If U.S. Veteran specify WAR .....

(a) Residence: No. 225 S. Ann St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Oct. 26 1912

7. AGE: Years 25 | Months 3 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: (good)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country): Biloxi Miss.

FATHER

13. NAME: John Pawlak.

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Pr. Ludwig Majkowska

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: John Pawlak

(Address) 225 S. Ann St

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date 2/9/37 19

19. UNDERTAKER: Fred W. Ozarowski

(Address) 930 Eastern Ave.

FEB 8 1937

Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2 1934 to Feb. 5 1937

Last saw h CR alive on Feb. 5 19 . Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	8/1/36
Other contributory causes of importance: Chronic Nephritis	1/2/34

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. Specify

(Signed) John V. Szurlicki M. D.

(Address) 1802 Eastern Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32085

F 32085 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 1131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 S. Fulton Ave. St. 19-L Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William August Carroll

If U. S. Veteran specify WAR .....

(a) Residence: No. 509 S. Fulton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Era Ann Carroll

6. DATE OF BIRTH (month, day, year) Feb. 22, 1861.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME William A. Carroll

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Emma G. Luh, (Daughter)
(Address) 509 S. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb. 8/37

19. UNDERTAKER Harry E. Lutz
(Address) 4101 Edmondson Ave.

20. FILED FEB 8 1937 .....Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1936 to Feb 3, 1937

I last saw h... alive on Feb 3, 1937 Death is said to have occurred on the date stated above, at 10A m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset 11/23/36
Arteriosclerosis
Chronic Nephritis

Other contributory causes of importance: Pulmonary Edema — 2/4/37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James P. Luh M. D.

(Address) 721 Medical Arts Bldg

OCCUPATION is very important. See instructions on back of certificate.

F 32086

HEALTH DEPARTMENT—CITY OF BALTIMORE

32086 / 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5010 Belair Rd 27-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Jacob Smith

If U.S Veteran specify WAR ....

(a) Residence: No. 5015 Belair Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary A Smith

7. DATE OF BIRTH (month, day, and year) June 26-1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Harness Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) 1930 — 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Don't know

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Lillian E Langley

(Address) 5010 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Feby 9 1937

19. UNDERTAKER John Ulrich

(Address) 2018 Wilkens Ave

20. FILED FEB 8 1937 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/6/1937

22. I HEREBY CERTIFY, That I attended deceased from December 9 1936 to February 6 1937

I last saw him alive on February 5, 1937 Death is said to have occurred on the date stated above at 1:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Tuberculosis Hepatitis	2 years
Aortic Insufficiency	4 years
Arterial Hypertension	
Other contributory causes of importance:	
Cardiac Decompensation	1 day

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Physical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Albert Greenberg M. D.

(Address) 7075 E North Ave

F 32087 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32087

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen Hosp St. 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Eliz. Shipley

If U. S. Veteran specify WAR

(a) Residence: No. 1836 W. Mulberry St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 22 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	8	1922	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Carl E. Shipley

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary E. Freer

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mr. Carl E. Shipley

(Address) 1836 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Feby 8. 1937

19. UNDERTAKER John Ullrich

(Address) 2108 Pleasant

20. FILED FEB 8 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-6-37

22. I HEREBY CERTIFY, That I attended deceased from 1-29-37 19... to 2-6-37 19...

I last saw her alive on 2-6-37 19... Death is said to have occurred on the date stated above, at 1.5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia.	
Empyema.	

Other contributory causes of importance

Was an operation performed? Yes Date of 2-5-37

For what disease or injury? Empyema rt.

Name of operation Thoracotomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) W. P. Stephens M. D.

(Address) Md Gen Hosp

OCCUPATION is very important. See instructions on back of certificate.

320880 F 32088

324 850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-a

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Christian Fornoff

(a) Residence: No. 2904 E Monument St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	White	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary

6. DATE OF BIRTH (month, day, year): 4-4-65

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired med Gov. Messenger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: [illegible]

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Geo L

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: augusta Shreck

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Records

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Cem Date Feby 8 1937

19. UNDERTAKER (Address): John Wenck 2005 Aliceanna St

Registrar

FEB 8 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb - 6 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 18 . 1937 to Feb 6 . 1937. I last saw him alive on Feb 6 . 1937. Death is said to have occurred on the date stated above, at 2.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphatic Leukemia	Oct. 1936
Renal Calculus	1932?

Other contributory causes of importance:

Bronchopneumonia	Feb. 3, 1937

Was an operation performed? yes Date of 1932

For what disease or injury? Prostatectomy

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Charles A. Janeway, M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1263-9

F 32089

F 32089 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32089

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH 529 S. Bouldin St 36-11

CITY OF BALTIMORE: (No. 529 S. Bouldin St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Froehlich Katherine Froehlich

(a) Residence: No. 529 N. Bouldin St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Froehlich

6. DATE OF BIRTH (month, day, year) March 28, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	11 10	17 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Eberhardt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Werner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine Bomgardner

(Address) 529 N Bouldin St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Feby 9 1937

19. UNDERTAKER John Ulrich

(Address) 2008 Orleans St

20. FILED Feb 9 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1937 to Feb 6 1937

I last saw him alive on Feb 6 1937. Death is said to have occurred on the date stated above, at 6:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteric Colonic	1925
Other contributory causes of importance: Rectal Hemorrhage	1937

Name of operation No Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. L. Long M. D.

(Address) 115 Lanvale Balto

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32090

F 32090 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marie Gebelein

(a) Residence: No. 2629 E. Monument St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Gebelein

6. DATE OF BIRTH (month, day, year) Oct 31 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1937

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Bandel

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Elizabeth Krause

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT George Gebelein

(Address) 3012 Edgerslie Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Feby 10 1937

19. UNDERTAKER John Ulmer

(Address) 2001 Orleans St

20. FILED FEB 8 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1937, to Feb 7, 1937

last saw ... alive on Feb 7, 1937 Death is said to have occurred on the date stated above, at 12 01 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-10-37
Other contributory causes of importance: Empyema	1-21-37

Was an operation performed? Yes Date of Jan 27, 1937 Feb 3, 1937

For what disease or injury? Empyema

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank R Stephenson M. D.

(Address) St Joseph's Hospital

OCCUPATION is very important. See instructions on back of certificate.

E 32091

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 32091

CERTIFICATE OF DEATH

71-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2119 Lake Montebello Drive) (Ward) 24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. ds. If U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Anna C Packhuman

(a) Residence: No. 2119 Lake Montebello Drive Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Packhuman

6. DATE OF BIRTH (month, day, year) Dec 26-1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	74	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Bernhardt Fiesler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Jordan

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs John Partridge

(Address) 2119 Lake Montebello Drive

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Feby 8 1937

19. UNDERTAKER John Ulbrich

(Address) 2008 Orleans St

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/5/1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 24 1935 to Feb 5 1937.

I last saw her alive on Feb 5 1937. Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Pernicious Anemia	1935

Other contributory causes of importance:

Was an operation performed? no. Date of .....

For what disease or injury? none

What test confirmed diagnosis? Lab - Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19..

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury none

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) L. L. Gordy M. D.

(Address) 106 Hartford Rd

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32092

CERTIFICATE OF DEATH

95BF 32092

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 N. Central St., 5th Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna Kaes

(a) Residence: No. 421 N. Central St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Nathaniel Kaes

6. DATE OF BIRTH (month, day, year): 1891

7. AGE: Years 46; Months; Days; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): 1937
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Cass Co. Ind.

FATHER

13. NAME: Francis Bender
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Julia Metchel
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Nathaniel Kaes
(Address) 421 N. Central Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Calvary Date: 2-10-37

19. UNDERTAKER: Bernard P. Hengley
(Address) 814 Druid Hill Ave

20. FILED: FEB 8 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18 1936 to Feb 5 1937

I last saw her alive on Feb 2 1937 Death is said to have occurred on the date stated above at 2:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	Unk

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Phy. Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) R. Garland Schuyville M. D.

(Address) 1534 Druid Hill Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT OCCUPATION is very important. See instructions on back of certificate.

F 32093 **HEALTH DEPARTMENT--CITY OF BALTIMORE** F 32093

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2429 Druid Hill Ave 13-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John T. Anthony

If U.S. Veteran specify WAR .....

(a) Residence: No. 2429 Druid Hill Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Fannie Anthony

6. DATE OF BIRTH (month, day, year) — — 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Apts

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT John T. Anthony Jr (Address) 2429 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem. Date 2/9/ 19 37

19. UNDERTAKER Thomas C. Kelson (Address) 1303 Pleasant Ave

FEB 8 1937 [illegible] for Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1937 to Feb 5 1937

I last saw him alive on Feb 3, 1937. Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Bronchial 4/07

Date of onset

Other contributory causes of importance:

Age Arteriosclerosis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) A. Lee Hall, M. D.

(Address) 924 Madison Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32094

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32094

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH 1318 McCulloh. 2nd floor rear

CITY OF BALTIMORE: (No. ~~1318 McCulloh~~ St., 11- Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Cookley 2nd floor rear

(a) Residence: No. 1318 McCulloh St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced (or) WIFE of Simon Cookley

6. DATE OF BIRTH (month, day, year) June 5 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Gloucester Co. Va.

FATHER

13. NAME John Cook

14. BIRTHPLACE (city or town) (State or country) Gloucester Co. Va

MOTHER

15. MAIDEN NAME Margaret Cook

16. BIRTHPLACE (city or town) (State or country) Gloucester Co Va

17. INFORMANT Margaret Colbert
(Address) 1926 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 2/8 37

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Druid Hill Ave

20. FILED ..... 19..... Registrar

FEB 9 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-7-, 1936, to 2-5-, 1937

I last saw h.. alive on 2-4-, 1937. Death is said to have occurred on the date stated above, at 7 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Secondary Pneumonia (Influenza)	1-1-37
Other contributory causes of importance: Partial left hemiplegia	11-7-36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. H. Pendleton M. D.

(Address) 416 Wilson St

Ma 2113

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131 F 32095

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1030 Greenmount Ave St. 10-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah I. Parrish

(a) Residence: No. 1030 Greenmount Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James R. Parrish

6. DATE OF BIRTH (month, day, year) Sept. 14, 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joseph Richards

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Sarah Hughes

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Mary Eiermann
(Address) 3804 Parkside Drive

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 2/10/37 19

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

20. FILED FEB 8 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7. 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/5, 1937, to 2/7, 1937

I last saw her alive on 2/7, 1937. Death is said to have occurred on the date stated above, at 7:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular renal disease.	?

Other contributory causes of importance:

Hypertension.	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? P.E. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Jason D. Blum M. D.

(Address) 1206 E. Preston St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32096 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32096

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1016 Gilmor St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Katie Harrison

(a) Residence: No. 1016 Gilmor St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Harrison

6. DATE OF BIRTH (month, day, year) 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron none

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Prince George's Md

FATHER

13. NAME Jerry Bryne

14. BIRTHPLACE (city or town) (State or country) Prince George's Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Prince George's Md

17. INFORMANT Annie Briscoe

(Address) 1016 Gilmor St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Feb 8 1937

19. UNDERTAKER Samuel M. Chase & Son

(Address) 638 N. Eutaw St

20. FEB 8 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-5-1937

22. I HEREBY CERTIFY. That I attended deceased from 2-2, 1937, to 2-5, 1937

I last saw her alive on 2-4, 1937. Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 2-1-37

Other contributory causes of importance:

Hypertension, Nephritis & Arteria Sclerosis — Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Lab. and Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Saunders, M. D.

(Address) 1029 Stricker St

OCCUPATION is very important. See instructions on back of certificate.

V 9 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32097

F 32097

CERTIFICATE OF DEATH

1108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 729 N. Fremont Ave. Ward 17-3)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME David Fairfax

(a) Residence: No. 729 N. Fremont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Fairfax

6. DATE OF BIRTH (month, day, year) 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Almar Co. (State or country) Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Henrietta Fairfax
(Address) 729 N. Fremont

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Feb 8 1937

19. UNDERTAKER Samuel M. Chase Son
(Address) 638 N. Carrison Ave

20. FILED FEB 8 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1937 to Feb 5 1937

I last saw him alive on Feb 4 1937 Death is said to have occurred on the date stated above, at 9:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 27 37
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

Nature of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) J. Mon Wright M. D.

(Address) 1178 W. Saratoga St

FEB 8 1937

State CAUSE OF DEATH in plain terms, so that it may be properly classified. State statement of OCCUPATION is very important. See instructions on back of certificate.

F 32098

F 32098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3909 W. Garrison Ave St., 27-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Augusta Miller Cora

(a) Residence: No. 3909 W. Garrison Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Cora

6. DATE OF BIRTH (month, day, year) July 28 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Helen M. Cora

(Address) 3909 W. Garrison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date Feb 9 1937

19. UNDERTAKER Harry N. Armacost & Son

(Address) 4204 Ridgewood Ave

FILED FEB 8 1937 Huntington Filing Station, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 6. 1937

22. I HEREBY CERTIFY, That I attended deceased from October 23. 1936 to February 2 1937

I last saw her alive on February 2 1937 Death is said to have occurred on the date stated above, at 2 00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Oct 36
Coronary Occlusion	Feb 6, 37
Heart Block -	
Other contributory causes of importance: Carcinoma Rt. Breast	1926

Was an operation performed? Rt. Mastectomy Date of 1926 -

For what disease or injury? Carcinoma -

Name of operation Mastectomy Date of 1926

What test confirmed diagnosis? - Was there an autopsy? -

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Wade Edel M. D.

(Address) 3403 Eastern Blvd

OCCUPATION is Very important. See instructions on back of certificate.

M. D. B. 1268-9

32099

F 32099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 155 Elmwood Ave. 6 - 1 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Edward Griffin

(a) Residence: No. 155 Elmwood ave Ward, (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Griffin

6. DATE OF BIRTH (month, day, year) May 25, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 45 Yrs.

12. BIRTHPLACE (city or town) Harford Co (State or country) Md.

FATHER

13. NAME Wm E. Griffin

14. BIRTHPLACE (city or town) Harford Co. (State or country) Md.

MOTHER

15. MAIDEN NAME Martha McCommas

16. BIRTHPLACE (city or town) Harford, Co. (State or country) Md.

17. INFORMANT Mrs Mary A. Collins

(Address) 155 No. Elmwood ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Dallo. Co. Date Feb. 6 1937

19. UNDERTAKER F. Madison Mitchell

(Address) Havre de Grace, Md.

20. FILED FEB 8 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 3, 1937 to Feb 6, 1937

I last saw him alive on Feb 6, 1937 Death is said to have occurred on the date stated above, at 1.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 1937
Other contributory causes of importance: Bronchial Pneumonia	2 days
Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 152 N. Milton Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 32100 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-A F 32100

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 E 21st St 12-4 Ward)

Length of residence in city or town where death occurred 74 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret A. Harrell

(a) Residence: No. 317 E 21st St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm P Harrell

6. DATE OF BIRTH (month, day, year) 10-8 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73 74	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Vance

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Mc. Coole

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Albert Harrell

(Address) 317 E 21st St

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic Cemetery Date Feb 9 1937

19. UNDERTAKER Thos M. Priddy

(Address) 1122 E Baltimore St

FEB 8 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7th 1937

22. I HEREBY CERTIFY, That I attended deceased from January 29th 1937 to Feb 7 1937

I last saw her alive on Feb 7 1937 Death is said to have occurred on the date stated above, at 9.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronar Heart Disease	Indef
Bronchitis	
Other contributory causes of importance:	
Heart Failure	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Reginald A. Towns, M. D.

(Address) 1414 N. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32101

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32101

CERTIFICATE OF DEATH 20089

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 2-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1879 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charlotte Farren

If U. S. Veteran specify WAR

(a) Residence: No. 416 S. Durham St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed ~~Married~~

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward M. Farren

6. DATE OF BIRTH (month, day, year) 10-24-1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME Henry Mitchell

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Charlotta Douglas

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Oak Lawn Cemetery Date Feb. 9. 1937
Place

19. UNDERTAKER HENRY SANDER & SONS. INC. Per J. Sander
(Address) Baltimore & Broadway.

20. FILED FEB 8 1937 Huntington Pollitt, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-6 , 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-6 , 1937 to 2-6 , 1937

I last saw her alive on 2-6 , 1937 Death is said to have occurred on the date stated above, at 12 3/4 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	8 wks.
due to Carcinoma of Colon	

Other contributory causes of importance:

Was an operation performed? Yes Date of 1-6-37

For what disease or injury? Intestinal obstruction

Name of operation Coecostomy

What was confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. J. Hooper M. D.

(Address) Balt. City Hosp.

FEB 8 1937

THE CAUSE OF DEATH is plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.

32102

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

207-T 32102

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Brown

If U. S. Veteran specify WAR .....

(a) Residence: No. 1313 Chapel St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie

6. DATE OF BIRTH (month, day, year) 4/25/1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0086 W. P. A.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West India Islands

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Minnie Brown-wife

(Address) 1313 Chapel St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date Feb 9 1937

19. UNDERTAKER Robert A. Elliott-Dayton

(Address) 1139 Eastern Ave.

20. FILED FEB 8 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/5/37 , 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound fracture L. left femur	
Compound fracture R. right tibia & fibula	

Other contributory causes of importance:

Shock

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2/5 , 19 37

Where did injury occur? Penna. R.R. yards Columbia Ave. Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Railroad Tracks

Manner of injury Struck by a train

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreiber , M. D.
Coroner

(Address) 1919 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

32103

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32103

CERTIFICATE OF DEATH

✓ 186-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1002 Riverside Ave. St., 3d-3 Ward)

Length of residence in city or town where death occurred 13 yrs. — mos. — ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Columbus Thomas.

(a) Residence: No. 1002 Riverside Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of Ella L. Thomas.

6. DATE OF BIRTH (month, day, year) May 13, 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
86	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md

FATHER

13. NAME William Thomas.

14. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

MOTHER

15. MAIDEN NAME Mary C. Wilson.

16. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

17. INFORMANT Ella L. Thomas. (wife)
(Address) 1002 Riverside Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge Md Date 2-9 1937

19. UNDERTAKER J. O. Mitchell - 10 1/2
(Address) 1900 Emerson

FEB 8 1937 H. E. Taylor Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of right hip & ribs	
Fall to floor.	1/29/37
Arterio sclerosis, acute	
dilatation of the heart.	2/7/37

Other contributory causes of importance:

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 1/29/37

Where did injury occur? 1002 Riverside Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home.

Manner of injury Fall to floor.

Nature of injury Fracture of right hip & rib

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Otto K. Reinhardt M. D.
Coroner

2/8/37 (Address) 1017 S. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Fr. Wilson - W 36th St.

F 32104

32104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2837 W. Harrison Ave. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Ineva I. Freeman

(a) Residence: No. 2837 W. Harrison Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 29, 1920

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Richard E. Freeman.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Annie E. Griffith

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Richard E. Freeman
(Address) 2837 W. Harrison Ave.

18. BURIAL, CREMATION, OR REMOVAL
Woodlawn. Date Feb 10, 1937

19. UNDERTAKER Chenoweth Son.
(Address) 3615-17 Chestnut Ave

20. FILED Feb 8 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1937 to Feb 6, 1937

I last saw her alive on Feb 6, 1937 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	1-30-37
Left Lobar Pneumonia	2-1-37
Other contributory causes of importance: Myocardial Insufficiency	2-6-37

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J M Moore M. D.

(Address) 848 W 36th St.

OCCUPATION is very important. See instructions on back of certificate.

F 32105

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32105

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1914 N. Regester St., 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hyson J. Ryan

If U. S. Veteran specify WAR

(a) Residence: No. 1914 N Regester St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sallie L. Ryan

6. DATE OF BIRTH (month, day, year) Jan 5, 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Harmon B Smith

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie J. Black

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Olivia P Jordan

(Address) 1919 N. Regester St

18. BURIAL, CREMATION, OR REMOVAL Pikesville

Date Feb 10, 1937

19. UNDERTAKER Ehrenwerth & Co

(Address) 3615-17 Eastern Ave

FILED FEB 8 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1937 to Feb 7, 1937

I last saw him alive on Feb 5, 1937. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1 yr
Other contributory causes of importance: Cerebral Hemorrhage	1 Day

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If specify

(Signed) Edmund J Lenox M. D.

(Address) 413 Washington

OCCUPATION is very important. See instructions on back of certificate.

F 32106

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32106

CERTIFICATE OF DEATH

20783

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 6 Ward) 34-95-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sam Gilbert

If U. S. Veteran specify WAR

(a) Residence: No. 412 Register St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1-1-1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Feb 10 1937

19. UNDERTAKER Robert Nicklin

(Address) 15-15 McElderry St

20. FILED FEB 8 1937 Registrar Washington Place, Md.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-5 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-2 1937 to 2-5 1937

I last saw him alive on 2-5 1937 Death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia, (Primary) — Date of onset 2-2-37

Other contributory causes of importance:

Hypertensive Heart Disease — Unk

Was an operation performed? NO Date of 0000

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospitals

32107 F 32107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 n Eden St 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mns. ds.

2. FULL NAME William Gales

(a) Residence: No. 214 n Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sallie Gales

6. DATE OF BIRTH (month, day, year): Sept 24-1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Greenville n.c.

FATHER

13. NAME: Robert Gales

14. BIRTHPLACE (city or town) (State or country): N.C.

MOTHER

15. MAIDEN NAME: Lucy parham

16. BIRTHPLACE (city or town) (State or country): N.C

17. INFORMANT: Mrs Sallie Gales

(Address): 214 n Eden St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Cubary Cem Date: Feb 10 19 37

19. UNDERTAKER: Robert Wilkinson

(Address): 15-15 McCulloh St

20. FILED: Feb 8 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1937 to Feb 6, 1937

I last saw h[illegible] alive on Feb 6, 1937. Death is said to have occurred on the date stated above, at 7A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Feb 2 1937

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? [illegible] Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George C. Allen M. D.

(Address) 509 Cathedral St

OCCUPATION is very important. See instructions on back of certificate.

F 32108

32108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 27-10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5013 Midwood Ave. St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U.S. Veteran specify WAR

2. FULL NAME Mary R. Kimble

(a) Residence: No. 5013 Midwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William D. Kimble

6. DATE OF BIRTH (month, day, year) November 16, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	65	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None ccd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford County Maryland

FATHER

13. NAME Thomas Robinson

14. BIRTHPLACE (city or town) (State or country) Harford County Maryland

MOTHER

15. MAIDEN NAME Priscilla Spencer

16. BIRTHPLACE (city or town) (State or country) Harford County Maryland

17. INFORMANT Mrs. Alverta Harman
(Address) 5013 Midwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date Feb. 9 1937

19. UNDERTAKER Jos. B. Cook
(Address) 1003 E. Baltimore St.

20. FILED ... 19... Hattie [illegible]

8 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 6 1937

22. I HEREBY CERTIFY, That I attended deceased from ~~September 1st~~ 1936 to February 6th 1937

I last saw her alive on ~~Oct 6th~~ ~~1936~~ Death is said to have occurred on the date stated above, at 10:04 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	9/1/36
Other contributory causes of importance: Arterio Sclerosis	1936

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William A. Freiman M. D.

(Address) 1701 W. Fulton Ave.

F 32109 ✓ F 32109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

78

1. PLACE OF DEATH University Hospital — Registered No. .....
CITY OF BALTIMORE: (No. ..... St., 11-4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lenora Conrad — If U.S. Veteran specify WAR .....

(a) Residence: No. 1205 Druid Hill Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah C.

6. DATE OF BIRTH (month, day, year) Sept. 12-1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41 42	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oiler 208

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brass mill

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

FATHER

13. NAME James Conrad

14. BIRTHPLACE (city or town) (State or country) Cambridge Md.

MOTHER

15. MAIDEN NAME Elizabeth Stanley

16. BIRTHPLACE (city or town) (State or country) Cambridge, Md.

17. INFORMANT Sarah C. Conrad
(Address) 1205 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge Md Date Feb. 10 1937

19. UNDERTAKER Mrs. George R. Holland
(Address) 1631 Druid Hill Ave

20. FILED ..... 19 .....

B 8 1631

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb. 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12 1937 to Feb 5 1937
I last saw h— alive on Feb 5 1937 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic fibro-myocardial disease	July 1936
Liver blockage (Type undetermined)	

Other contributory causes of importance:
Tuberculosis, active

Was an operation performed? Yes Date of Jan. 8, 1937
For what disease or injury? Chronic fibro-myocardial disease, liver abscess, partial intestinal obstruction
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Howard B. Mayo M. D.
(Address) University Hospital

F 32110

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32110

CERTIFICATE OF DEATH

53D

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Druid Hill Ave (St.) 14-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Emma W. Jones

If U.S. Veteran specify WAR.....

(a) Residence: No. Lutherville Maryland Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 12-1890

7. AGE Years	Months	Days	If LESS than 1 day,.....hrs. or .....min.
46	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jockey

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Race track

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

FATHER

13. NAME Wm. Henry Jones

14. BIRTHPLACE (city or town) Harford Co. Md. (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Johnson

16. BIRTHPLACE (city or town) Harford Co. Md. (State or country)

17. INFORMANT James W. Jones (Address) 601 Madison

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date Feb 8-37 19

19. UNDERTAKER Mrs. George H. Holland (Address) 1631 Druid Hill Ave

20. FILED [illegible] 1937 Baltimore, Md.

FEB 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-5 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-2, 1937, to 2-5, 1937

I last saw h[illegible] alive on 2-7, 1937. Death is said to have occurred on the date stated above, at 11:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteogenic Sarcoma of Vertebrae & Ribs	
Other contributory causes of importance:	

Was an operation performed? No Date of.....

For what disease or injury?.....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. E. Wilson, M. D.

(Address) 1514 Druid Hill Ave

OCCUPATION is very important. See instructions on back of certificate.

F 32111 # 11578 F 32111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-13

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Walker, Bessie

(a) Residence: No. 540 Biddle St. N. W. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Earl

6. DATE OF BIRTH (month, day, year) 11/25/1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
39 38	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 2087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Henry Bailey ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Fannie Jones

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date FEB 8 - 1937

19. UNDERTAKER Commissioner of Health
(Address) Per N. A. Moore

FEB 8 1937 19 ... Registrar

22976

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-1, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-7-36, to 2-1, 1937

I last saw h. alive on 2-1, 1937 Death is said to have occurred on the date stated above, at 4 46 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	1 yr.
Other contributory causes of importance: Ascites	6 mo.

Was an operation performed? yes Date of 2-24-36

For what disease or injury? Carcinoma of stomach

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) W. Stoner M. D.

(Address) Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

32112 F 32112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 13-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Eva Chalmers

If U. S. Veteran specify WAR

(a) Residence: No. 2223 Ruskin Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-15-1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Chalmers

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Anna Murard

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date FEB 8 - 1937 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED ... 19 ... Registrar

B 8 1537 2977

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-3 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-4 1936 to 2-3 1937

I last saw her alive on 2-3 1937 Death is said to have occurred on the date stated above, at 7-20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	2-1-37
Other contributory causes of importance: Hypertensive Cardio-vascular Renal Disease	Unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Rainey M. D.

(Address) Baltimore City Hospital

OCCUPATION is very important. See instructions on back of certificate.

32113

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32113

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 3-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Parker, Wm. Harris

If U. S. Veteran specify WAR .....

(a) Residence: No. 832 E. Pratt St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 29, 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
73	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 005

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Washington, D. C.

FATHER

13. NAME Harry Parker

14. BIRTHPLACE (city or town) (State or country) Washington, D.C.

MOTHER

15. MAIDEN NAME Lizzie Miller

16. BIRTHPLACE (city or town) (State or country) Glaskoo

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date FEB 8 - 1937 19
Commissioner of Health

19. UNDERTAKER For H. A. Moore
(Address)

20. FILED 19 Registrar.

8 1937 2978

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-2 , 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-24 , 1937 to 2-2 , 1937

I last saw him alive on 2-2 , 1937 Death is said to have occurred on the date stated above, at 3:33 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign hypertrophy of prostate & intensity of retention -	1 yr.
Other contributory causes of importance: Arteriosclerotic Cardio vascular disease	2 yrs.

Was an operation performed? yes Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) W. Gilmer M. D.

(Address) Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32114 — CERTIFICATE OF DEATH — 131 — F 32114

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 N. Kenwood Ave St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence J. Gardner

(a) Residence: No. 705 N. Kenwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Geo. W. Gardner

6. DATE OF BIRTH (month, day, year) Mar. 8 - 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Wm D. Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Geo. W. Gardner Jr.
(Address) 705 N. Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date 2/8 1937

19. UNDERTAKER Philip Herwig Sons
(Address) 216 Cathedral St

FILED 2/8 1937 Harrington Whitacre, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/5 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 1937 to Feb 5 1937

I last saw her alive on Feb 5 1937 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia — (Nephritis chronic)	2/3/37
Cause - Sclerosis & Hypertension (5 yrs)	(2 yrs)
Other contributory causes of importance: Mitral & Aortic Insufficiency —	5 yrs —

Was an operation performed? No — Date of —

For what disease or injury? —

What test confirmed diagnosis? Exam of urine, etc. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Louis F. Krumeich M. D.

(Address) 722 No. Kenwood Ave

F 32115 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32115

CERTIFICATE OF DEATH 124 B

1. PLACE OF DEATH 712

CITY OF BALTIMORE: (No. 1127 Riverside Ave St. 24-2 Ward

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs.....mos.....ds. How long in U. S. If of foreign birth? .....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Laura M Brady

(a) Residence: No. 1127 Riverside Ave 24 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fmal	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas J. Brady

6. DATE OF BIRTH (month, day, year) March 13 1872

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
64	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Jacob King

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ~

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Francis J. Brady

(Address) 1127 Riverside Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date Feb 10 1937

19. UNDERTAKER Margaret J. Flynn

(Address) 2107 N. Eutaw St

FILED FEB 8 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 2 1936 to Feb. 7 1937

I last saw HER alive on Feb. 6 1937 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver (non alcoholic)	(Indef.)
Other contributory causes of importance:	
Acute dilatation of heart	2/6/37

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If yes, how?

2/8/37 (Signed) K. M. Campbell M. D.

(Address) 1644 Hanover St

To prevent delay state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

32116 ✓ Lunk

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32116

CERTIFICATE OF DEATH

46-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3408 Oakfield Ave St., 15-16 Ward.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Matilda A Lunk

(a) Residence: No. 3408 Oakfield Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Nathan Lunk

6. DATE OF BIRTH (month, day, year) Feb 11 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Selinsgrove Pa

FATHER

13. NAME Adam Enders

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Elizabeth Wooster

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Joseph Lunk
(Address) Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL Place Enders Pa Date 2/8/37

19. UNDERTAKER Wm Orb & Son
(Address) 134 E Saratoga

20. FILED 19 Registrar.

2. 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1937 to Feb 7 1937

I last saw her alive on Feb 7 1937 Death is said to have occurred on the date stated above, at 11:15 p.m.

The principal cause of death and related causes of importance were as follows:

		Date of onset
Convulsions & Cerebro-Spinal origin.	July 21	1936
Carcinoma of liver & Stomach	Aug 1936.	
Secondary anemia	Aug 1936	

Other contributory causes of importance:

Myocardial insufficiency	2	da.
Convulsions	2	da.

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Were there autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Elw Woods M. D.

(Address) 806 N Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

✓ F 32117

32117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2757 Reisterstown Rd St.) (46-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emory Meade Bost

If U.S Veteran specify WAR ✓

(a) Residence: No. 2757 Reisterstown Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Mary Elizabeth Bost

6. DATE OF BIRTH (month, day, year) Sept 14-1869

7. AGE: Years 67 | Months 4 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Structural Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. District Bridge

10. Date deceased last worked at this occupation (month and year) Dec 36

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Upperco Md

FATHER

13. NAME Elmer Bost

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Susan Hoke

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Elmer Bost

(Address) 2790 N Howard

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Balto Date Feb 1st 1937

19. UNDERTAKER Jackson & Sons Inc

(Address) Towson Md

20. FILED FEB 8 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 to Feb 6 1937

I last saw him alive on Feb 5 1937 Death is said to have occurred on the date stated above, at 4.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1 yr
Other contributory causes of importance: Nephritis	3 mo

Was an operation performed? — Date of —

For what disease or injury? .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) J. J. Timmons M. D.

(Address) 6 W Mt Rd

OCCUPATION is very important. See instructions on back of certificate.

32118 F 32118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B 19815

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St. 3-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Schlenbaker, Charles

If U. S. Veteran specify WAR

(a) Residence: No. 1076 Granby St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	W

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) July 4, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Gotleib

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Hannah

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT B.C.H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cem. Date Feb 9 1937

19. UNDERTAKER George W. Zibler
(Address) 1737 E. Eager St.

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-7 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-28 1936 to 2-7 1937

I last saw h... alive on 2-7 1937 Death is said to have occurred on the date stated above, at 3 45 p.m. 3 45

The principal cause of death and related causes of importance were as follows:

	Duration
Abscesses of stomach	1 yr
Other contributory causes of importance:	
Hemorrhage	Hours

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) ... M. D.

(Address) Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 32119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117a F 32119

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. 12-6

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martin Strahle

If U. S. Veteran specify WAR U. S.

(a) Residence: No. Preston, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 12, 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 12 yrs. for 0

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Fritz Strahle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Sechert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records, U.S. Marine Hospital

(Address) U.S. Marine Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Feb. 10, 1937

19. UNDERTAKER George L. Schwab

(Address) 2101 Frederick Ave.

20. Filed 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 21, 1936 to February 7, 1937

I last saw him alive on February 7, 1937. Death is said to have occurred on the date stated above, at 7:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[illegible] carcinoma, esophagus with dilatation	1½ years
Stricture ulcer	1½ yrs
Dilatation, esophagus	1½ yrs
Other contributory causes of importance:	
Cystitis, chronic	unknown
Hemorrhage, gastric	9-25-37

Was an operation performed? Yes Date of 12/30 & 1/19

For what disease or injury? Esophagoscopy 12-30-36

Name of operation Gastrostomy 1-19-37

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. L. Wollenweber M. D.

(Address) U.S. Marine Hospital

OCCUPATION is very important. See instructions on back of certificate.

8

VS a

F 32120 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32120

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3313 ELMORA AVE St., 8-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME BARBARA KREPPEL

(a) Residence: No. 3313 ELMORA AVE. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOWED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of LATE JOHN KREPPEL

6. DATE OF BIRTH (month, day, year) FEB. 28-1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) GERMANY
(State or country)

FATHER

13. NAME MICHAEL WEIDNER

14. BIRTHPLACE (city or town) GERMANY
(State or country)

MOTHER

15. MAIDEN NAME DOROTHY REINSFELDER

16. BIRTHPLACE (city or town) GERMANY
(State or country)

17. INFORMANT ELIZABETH KROLLMAN (DAUGHTER)

(Address) 3313 ELMORA AVE.

18. BURIAL, CREMATION, OR REMOVAL

Place SACRED HEART CEM. FEB. 9 1937

19. UNDERTAKER Lilly & Zeiler INC.

(Address) [illegible] Washington Blvd Baltimore, Md.

FILED FEB 8 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB. 6/37

22. I HEREBY CERTIFY, That I attended deceased from FEB 3, 1937 to FEB 5, 1937

I last saw her alive on FEB 5, 1937. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	
CEREBRAL HEMORRHAGE	2-4-37

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) Edward J. Milan M. D.

(Address) 685 Washington Blvd

OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 32121 ✓ F. 32121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., E. B. Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Diggetts

If U.S. Veteran specify WAR ...

(a) Residence: No. Provident Hospital St., D. B. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-4-37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant 0.0.0.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Alexander Diggetts

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Etta May Watson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mother

(Address) 1220 McCulloh St

18. BURIAL, CREMATION, REMOVAL

JOHNS HOPKINS MEDICAL SCHOOL FEB 8 - 1937

Place Date ... 19...

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED ... 19... Registrar.

1937 2383

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-6 , 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 , 1937 to Feb 6 , 1937

I last saw h... alive on Feb 6 , 1937 Death is said to have occurred on the date stated above, at 2 00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia due to Atelectasis possibly	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... , 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) W. B. Butler M.D. per L. M. Brown M.D.

(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

32122

HEALTH DEPARTMENT—CITY OF BALTIMORE

32122

CERTIFICATE OF DEATH

81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1917 St. Paul St., 12-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lilian Ryan Anderson

If U.S. Veteran specify WAR .....

(a) Residence: No. 1917 St. Paul St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert J. Anderson

6. DATE OF BIRTH (month, day, year) May 3, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	8	32	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hairdresser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Lanty Ryan

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Mary Ann O'Brien

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMANT Robert J. Anderson

(Address) 1917 St. Paul Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Feb. 9, 1937

19. UNDERTAKER E. LeRoy Stifler, Inc.

(Address) 125 E. North Avenue.

20. FILED FEB 8 1937 Huntington Hollander, M.D.

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-10-36, 19..., to 2-5, 1937

I last saw h alive on 2/5, 1937 Death is said to have occurred on the date stated above, at 7:10 p.m.

The principal cause of death and related causes of importance were as follows:

Progressive Muscular Atrophy (Chronic) — Date of onset 1935 (?)

Other contributory causes of importance:

Bronchopneumonia — Jan 30 1937

Was an operation performed? no Date of .....

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? no If so, how? .....

(Signed) Lucius E. Linthicum M. D.

(Address) 728 N. Charles St.

(OCCUPATION is very important. See instructions on back of certificate.)

F 32123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

F 32123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 E. Twenty Fifth St. St., 12-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. moe. ds.

2. FULL NAME Lucy C. Kinard

If U. S. Veteran specify WAR

(a) Residence: No. 404 E. Twentyfifth St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Kinard

6. DATE OF BIRTH (month, day, year) Nov. 1 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Pa.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Spencer

(Address) 402 E. twentyfifth

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date Feb 9 1937

19. UNDERTAKER J. Fw McCully

(Address) 130 E. Fort Ave.

20. FILED Feb 8 1937 (Registrar.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to February 6, 1937

I last saw h[illegible] alive on February 6, 1937 Death is said to have occurred on the date stated above, at 4.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction (Intussusception)	Feb 1937
Other contributory causes of importance: Cardiac decompensation	Dec 1936
cardio vascular renal disease	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clynical examination

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. M. Little M. D.

(Address) 1735 Maryland Ave

OCCUPATION is very important. See instructions on back of certificate.

32124 HEALTH DEPARTMENT—CITY OF BALTIMORE 32124

CERTIFICATE OF DEATH

31

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3503 Edgewood St. St., 15-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME M. Elizabeth Thomas Kelley

If U. S. Veteran specify WAR

(a) Residence: No. 3503 Edgewood St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank H. Kelley

6. DATE OF BIRTH (month, day, year) July 31, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Alfred B. Thomas

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emma Clark

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Frank H. Kelley

(Address) 3503 Edgewood Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Feb. 9/37

19. UNDERTAKER Harry F. Metzke

(Address) 4101 Edmondson Ave.

20. FILED Huntington Williams M.D. Registrar

8 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/6-(10.45) 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan-8- 1935 to Feb-6- 1937

I last saw her alive on Feby 6- 1937. Death is said to have occurred on the date stated above, at 10.45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Ill. Tuberculosis	
Many years standing	
T.B. abscess L. breast - Nov	1934
T.B. Meningitis. Jan-30	1937

Other contributory causes of importance:

Was an operation performed? Date of (Nov) 1934

For what disease or injury? T.B. abscess L. breast

Name of operation Excision. - Dr Coleman

What test confirmed diagnosis? Lab. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hadley Cole M. D.

(Address) 2202 Garrison Blvd

OCCUPATION is very important. See instructions on back of certificate.

F 32125

32125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 Mt Holly St St 16-8 Ward)

Length of residenre in city or town where death occurred 79 yrs. 2 mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jno. J. McKee

If U.S. Veteran specify WAR .....

(a) Residence: No. 611 Mt Holly St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie V. McKee 1857

6. DATE OF BIRTH (month, day, year) Nov 22 - 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired B & O Baggageman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rail Road

10. Date deceased last worked at this occupation (month and year) 3 yrs

11. Total time (years) spent in this occupation 59

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Patrick McKee

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Carney

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Bessie V McKee

(Address) 611 Mt Holly 20

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Feb 9 1937

19. UNDERTAKER Wm Fleming & Sons

(Address) Pine & Watkins Sts

20. FILED FEB 8 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1937 to Feb 6, 1937

I last saw him alive on Feb 6, 1937. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Feb 3

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. A. Lally, M. D.

(Address) 3517 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

32126 F 32126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Cambridge Arms Apts (Ward) 12-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 85 yrs. 0 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Matthias Coulbourn

If U.S. Veteran specify WAR

(a) Residence: No. Charles & 34th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Teresa L. Coulbourn

6. DATE OF BIRTH (month, day, year): Feb. 5, 1852

7. AGE: Years 85 | Months 0 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Public Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1908

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Stephen D. Coulbourn

14. BIRTHPLACE (city or town) (State or country): Somerset Co Md.

MOTHER

15. MAIDEN NAME: Emily Dashiell

16. BIRTHPLACE (city or town) (State or country): Somerset Co Md.

17. INFORMANT (Address): Miss Amy Coulbourn Cambridge Arms apts

18. BURIAL, CREMATION, OR REMOVAL: Place: Greenmount Cem. Date: Feb 9 1937

19. UNDERTAKER (Address): Wm. Tickner & Sons North & Paca

20. FILED: 8 1937 (By) (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1937 to Feb. 7, 1937

I last saw him alive on Feb. 7, 1937. Death is said to have occurred on the date stated above, at 10.40a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pneumonia Broncho	Feb. 1937
Other contributory causes of importance: Myocarditis Chronic	1936
Arteriosclerosis	1932

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edgar P. Sandrock, M. D.

(Address) 1 Medical Arts Bldg.

OBSERVATION IS VERY important. See instructions on back of certificate.

32127

✓ F 32127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Home for Incurables 131 Registered No.

CITY OF BALTIMORE: (No. ..... St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Berry Taylor If U. S. Veteran specify WAR

(a) Residence: No. Home for Incurables Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 22, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	11	8 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Beaver Penna

FATHER

13. NAME Rev. Riley T. Taylor

14. BIRTHPLACE (city or town) (State or country) new York N.Y.

MOTHER

15. MAIDEN NAME Eliza Spencer

16. BIRTHPLACE (city or town) (State or country) Hamilton new york

17. INFORMANT Home for Incurable Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Cemetery Date Feb 9 1937

19. UNDERTAKER Chas G. Black (Address) 142 W North ave

20. FILED 8 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 8, 1937

I HEREBY CERTIFY, That I attended deceased from Feb. 10 - 1925 to Feb. 8 - 1937

I last saw h[illegible] alive on Feb. 6 - 1937 Death is said to have occurred on the date stated above, at 4.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis - by prostatic	1925
Chronic interstitial nephritis	1925
Coronary thrombosis	Feb 8 - 1937

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Howard Wagner M. D.

(Address) 2125 Maryland Ave

OCCUPATION is very important. See instructions on back of certificate.

vs 3

F 32128 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32128

CERTIFICATE OF DEATH

94-a Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4202 Ridgewood Ave., St. 28-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John A. Hunter

If U.S. Veteran specify WAR

(a) Residence: No. 4202 Ridgewood Ave., St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther B. Hunter

6. DATE OF BIRTH (month, day, year) Jan. 19, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. Linotype Composition Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ironton, OHIO

FATHER

13. NAME John A. Hunter

14. BIRTHPLACE (city or town) (State or country) Ironton, OHIO

MOTHER

15. MAIDEN NAME Elizabeth Double

16. BIRTHPLACE (city or town) (State or country) Ironton, OHIO

17. INFORMANT Mrs. Esther B. Hunter

(Address) 4202 Ridgewood Ave.,

18. BURIAL, CREMATION, OR REMOVAL Ironton, Ohio Date Feb. 9, 1937

Place via C & O R.R.

19. UNDERTAKER John F. Denney

(Address) 715 Light St.

20. FILED FEB 8 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/1/37, 19... to 2/7/37, 19... I last saw h... alive on 2/7/37, 19... Death is said to have occurred on the date stated above, at 10.00 a. m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset 7

about 1 year ago

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 3025 Lorraine Ave.

OCCUPATION is very important. See instructions on back of certificate.

32129

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32129

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5204 Powhatan St., Franklintown 28-3 Ward.)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 12 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anne D. Burke

If U.S. Veteran specify WAR .....

(a) Residence: No. 5204 Powhatan St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Aug. 26, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph F. Burke

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Nellie Gavin

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Joseph F. Burke

(Address) 5204 Powhatan St.,

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Feb. 1937

19. UNDERTAKER John F. Henry

(Address) 715 Light St.

FEB 8 1937 . 19.. Huntington Williams

Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1937 to Feb. 6, 1937

I last saw her alive on Feb 6, 1937 Death is said to have occurred on the date stated above, at 12 Noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	2/3/37
Congenital Heart disease.	8/26/36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Whnt test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Dennmills M. D.

(Address) Medical Arts Bldg.

✓ F 32130

32130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-B

Registered No. 25-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Gen Hosp St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Krausz

(a) Residence: No. 3707 S. 4th St. Brdl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Annie R Krausz

6. DATE OF BIRTH (month, day, year) Dec 3 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	2	4 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman 032

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City Fire Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Krausz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie Wagner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Annie R Krausz

(Address) 3707 4th St Brooklyn Md

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Feb 10 1937

19. UNDERTAKER John F Denny

(Address) 715 Light St

FILED 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-7-37 19

22. I HEREBY CERTIFY, That I attended deceased from 1-14-37 19 to 2-7-37 19

I last saw him alive on 2-7-37 19. Death is said to have occurred on the date stated above, at 12 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia — Date of onset 2-5-37

Other contributory causes of importance:

Cancer of Bladder

Was an operation performed? Yes Date of 1936

For what disease or injury? Cancer of Bladder

Name of operation Resection of Bladder Date of

What test confirmed diagnosis? Path Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter Hoel M. D.

(Address) South Balto Gen Hosp.

OCCUPATION is very important. See instructions on back of certificate.

32131 ✓ F 32131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1327 Sargeant St., 12-2 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles W. Foster

If U.S. Veteran specify WAR .....

(a) Residence: No. 1327 Sargeant St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary A. Foster

6. DATE OF BIRTH (month, day, year) July 20, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) GlenBurnie, Md.

FATHER

13. NAME Charles Foster

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Mary A. Foster
(Address) 1327 Sargeant St.,

18. BURIAL, CREMATION, OR REMOVAL
Place Friendship Date Feb. 9, 1937

19. UNDERTAKER: John A. Denny
(Address) 715 Light St.

20. FILED 19 ..... Registrar.

B 8 1937 Washington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 12 1936 to Feb 5 1937

I last saw him alive on Feb 4th 1937 Death is said to have occurred on the date stated above, at ..... p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio - Vascular Renal disease	Nov 06
Edema	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Physical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B. Talbert Lowe M. D.

(Address) 1901 Eutaw Place

Spec.—1-30—M. & T.—250 Bks

F 32132

F 32132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-a

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 44 E. Hill St. (ST.) 22-1 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Bell Prettyman.

(a) RESIDENCE NO. 44 E. Hill St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 4 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, [illegible] or) WIFE of Daniel C. Prettyman.

6 DATE OF BIRTH (month, day, and year) September 15, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER James North.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dorchester Co. Md

12 MAIDEN NAME OF MOTHER ----- McNamara.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dorchester Co. Md.

14 Informant Daniel C. Prettyman. (husband)

(Address) 44 E. Hill St.

Huntington Williams, M.D.

Registrar

Filed [illegible] 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 7, 1937

17 I HEREBY CERTIFY, That I attended deceased from February 6, 1937. to February 7, 1937.

that I last saw her alive on February 6, 1937.

and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the heart

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage, Right Hemiplegia. (duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical diagnosis.

(Signed) Otto M. Reinhardt, M. D.

(Address) 1017 S. Charles St. 2/8/37

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cemetery

DATE OF BURIAL Feb 9 1937

ADDRESS 715 Light St.

UNDERTAKER John F. Denny

TION is very important. See instructions on back of certificates.

B 8

4796 F 32133

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32133

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St., 4-2 (Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Schnur (ANNA ELIZABETH GIBNEY SCHNUR)

(a) Residence: No. 313 N. Green St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Frank Schnur

6. DATE OF BIRTH (month, day, year) 10/17/87

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Christopher Mc L —

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Anna Ryan (or) Mc L —

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records —
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Feb 10 1937

19. UNDERTAKER Stewart Mortuary Co.
(Address) 108 W Monument

20. FILED Feb 8 1937 Huntington, West Virginia

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 1937 to Feb 7 1937

I last saw her alive on Feb 7 1937. Death is said to have occurred on the date stated above, at 4.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Jan 27 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Palmer Howard Fletcher M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

32134

F 32134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92a

1. PLACE OF DEATH

CITY OF BALTIMORE: (Name) Mount Hope Retreat (Ward) 28-1

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. 7 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sister Alma Galvin

If U.S. Veteran specify WAR .....

(a) Residence: No. Brighton Sta, Boston St., Mass Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 19-1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 68

10. Date deceased last worked at this occupation (month and year) June, 1936

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Dorchester Mass

FATHER

13. NAME John J. Galvin

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Julia Sweeney

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mt. Hope Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Boston Mass. Date 2/8/37 19...

19. UNDERTAKER Stewart & Mowen Co.

(Address) 108 W. North Ave.

20. Huntington, Williams [illegible]

Registrar.

FEB 8 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 11 — 1936 to Feb. 8, 1937

I last saw her alive on Feb. 8 1938 Death is said to have occurred on the date stated above, at 8:15a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Vegetative Endocarditis	?
Fluid in rt pleural cavity	6 wks
Other contributory causes of importance:	
Myocardial Decompensation	6 wks
Schizophrenia	8 mo

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis Findings Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Thomas P. Magee M. D.

(Address) 336 Cathedral St.

OCCUPATION is very important. See instructions on back of certificate.

32135

HEALTH DEPARTMENT—CITY OF BALTIMORE

32135

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mount Hope Retreat (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 14 ds. How long in U. S. If of foreign birth 57 yrs. mos. ds.

2. FULL NAME Rev. Thos. J. Nolan

If U.S. Veteran specify WAR NINE

(a) Residence: No. Mount Hope Retreat St., Ward. Phila. Pa

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) About 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman Priest 10$

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mt Hope Retreat

(Address) Halethorp Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Phila Pa Date Feb 10 1937

19. UNDERTAKER Stewart & Mowen Company

(Address) 108 W North Ave

20. FILED 8 1937 Huntington Williamsport Pa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22 1937 to Feb. 7 1937

I last saw him alive on Feb. 7 1937 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Moderate arteriosclerosis without hypertension	?
Acute tubular nephritis	1 wk
Other contributory causes of importance:	
Acute myocardial decompensation. Manic depressive psychosis	1 wk

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. Howard P. Magee M. D.

(Address) 336 Fidelity Bldg

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

F 32136

F 32136 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospt. ST. 19-2 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Gist

(a) RESIDENCE NO. Westminster, Md. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Own Farm

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Macfecia Dent Gist

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Eggendorff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Hospital Records
(Address)

15 Filed FEB 9 1937 19 Huntington Pikesville, Md.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-8-37

17

I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1937, to Feb 8, 1937

that I last saw him alive on Feb 8, 1937

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows: Midnight

Appendicitis

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of 2-5-37

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) William Hollerte M. D.

....., 19 (Address) Franklin Square Hospt.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Md. DATE OF BURIAL 2/11/37

20 UNDERTAKER John E. Myers Jr. ADDRESS Westminster

CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

F 32137

32137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. 18-1 St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR W. W.

2. FULL NAME Harry William Colvert

(a) Residence: No. 802 W. Lexington St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lula Spaton

6. DATE OF BIRTH (month, day, year) April 1, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 004

10. Date deceased last worked at this occupation (month and year) March 29, 1937

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Prince George Co. Maryland

FATHER

13. NAME Daniel Colvert

14. BIRTHPLACE (city or town) (State or country) Prince George Co. Md.

MOTHER

15. MAIDEN NAME Louise Smith

16. BIRTHPLACE (city or town) (State or country) Prince George Co. Md.

17. INFORMANT Records, U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place National Cem. Date Feb 9 1937

19. UNDERTAKER William A Jackson (Address) 916 Pershing Ave

20. FILED FEB 9 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 2, 1937, to February 6, 1937

I last saw him alive on February 6, 1937. Death is said to have occurred on the date stated above, at 10:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, bilateral	2-2-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) K K Bryant M. D.

(Address) U.S. Marine Hosp., Balto., Md.

OCCUPATION is very important. See instructions on back of certificate.

F 32138

32138 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

57

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1327 Hamilton St. 16-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Theodore Ferguson

(a) Residence: No. 1327 Hamilton St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Ferguson

6. DATE OF BIRTH (month, day, year) 8/6

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Work Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ Odd

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Gilbert Keightley

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Patsy —

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Patsy Ferguson

(Address) 1327 Hamilton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 2/9/37

19. UNDERTAKER Thos. E. Kelson

(Address) 1303 Pennsylvania Ave.

FILED FEB 9 1937 19 ... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/6/37 19

22. I HEREBY CERTIFY, That I attended deceased from July Past 19 .. to 2/6/37 19 .. I last saw h[illegible] alive on 2/5/37 19 .. Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death	Duration of disease
Pneumonia (2 days)		
Following Influenza		
Arteriosclerosis		

Other contributory causes of importance:

Arteriosclerosis beginning about June, 1930

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Roscoe Ellis M. D.

(Address) 624 Mass. Ave.

F 32139

32139 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

107-a

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 546 Carey St. 17-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Infant Lewis (Lewis) If U. S. Veteran specify WAR.....

(a) Residence: No. 546 Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 25, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Lewis

14. BIRTHPLACE (city or town) (State or country) Ga

MOTHER

15. MAIDEN NAME Carrie Dutson

16. BIRTHPLACE (city or town) (State or country) NC

17. INFORMANT Henry Lewis
(Address) 546 Oxford St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date 2/9 1937

19. UNDERTAKER Thos. E. Kelson
(Address) 1303 Preston St

20. FILED FEB 9 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1937 to Feb 8, 1937

I last saw h... alive on Feb 6, 1937. Death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Primary) — Date of onset 2 days

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, state how.

(Signed) Thos E Kelson M. D.

(Address) 1303 Preston St

OCCUPATION is very important. See instructions on back of certificate.

S 3

F 32140 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32140

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 Stockton St. 16-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Geo Henry Washington

If U.S. Veteran specify WAR .....

(a) Residence: No. 1118 Stockton St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Washington

6. DATE OF BIRTH (month, day, year) April 22 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38 39	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Thomas washington

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) n

17. INFORMANT Mary Washington

(Address) 1118 Stockton St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date 2/11 37

19. UNDERTAKER Thos. E. Kelson

(Address) 1303 Pennsylvania Ave

20. FILED ..... 19 ..... Registrar.

2 1937 Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/5 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1937 to Feb 8 1937

I last saw ... alive on Feb 7 1937. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 31 37
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) B. M. Halahan, M. D.

(Address) 1218 Park Ave

F 32141

F 32141 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....da. How long in U. S. If of foreign birth? ....yrs. ....mos. ....da.

If U. S. Veteran specify WAR .....

2. FULL NAME .....

(a) Residence: No. ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 2/9 37
19

19. UNDERTAKER Thomas E. Kelso
(Address) 3 Priestmen St.

FILED FEB 9 1937 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ....., 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

V S 6

A&Co. 5-11 2501

F 32142

HEALTH DEPARTMENT—CITY OF BALTIMORE

32142

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1206 Laurens St., 15-1 Ward)

Length of residence in city or town where death occurred 41 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Beatrice Ford Kellum

(a) Residence: No. 1206 Laurens St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married.

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Levi Kellum

6. DATE OF BIRTH (month, day, year) May 2, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40 41	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic, home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME wm Ford

14. BIRTHPLACE (city or town) (State or conntry) md

MOTHER

15. MAIDEN NAME Annie Estep.

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Annie Ford
(Address) 1206 Laurens St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 2/10, 1937

19. UNDERTAKER Thos. E. Kelson
(Address) 1303 Freestman St

20. FILED ... 19 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1937 to Feb 4, 1937

I last saw h[illegible] alive on Feb 4 1937 death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	7
	1

Other contributory causes of importance:

Lobar Pneumonia

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. B. Hughes M. D.

(Address) 1413 Druid Hill Ave

OCCUPATION is very important. See instructions on back of certificate.

B3 1897

M. D. B 1268-9

F 32143

32143 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

15-1

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Willie McKinley Fenderson

(a) Residence: No. 1420 School St. St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oc. 10, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	18	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) N.C.
(State or country)

FATHER

13. NAME Luther Fenderson

14. BIRTHPLACE (city or town) N.C.
(State or country)

MOTHER

15. MAIDEN NAME Willie May Riddick

16. BIRTHPLACE (city or town) N.C.
(State or country)

17. INFORMANT Willie May Fenderson
(Address) 1420 School St.

18. BURIAL, CREMATION, OR REMOVAL
Place Norfolk Va Date 2/15 37 19

19. UNDERTAKER Thos. E. Kelson
(Address) 1201 Pressman St.

20. FILED FEB 9 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6, 1937 , 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Diseas of Heart (Rhumatic)	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) [signature] M. D.
Coroner

(Address) 2757 W. Mun

OCCUPATION is very important. See instructions on back of certificate.

B 9 1937

F 32144

32144 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

1-5

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 S. Duncan Street St., 1-5 Ward)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 46 yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Edward Radtke

(a) Residence: No. 421 S. Duncan Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sep. 28 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Martin Radtke

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Hoeft

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Henrietta Borkman (Sister)
(Address) 421 S. Duncan Street

18. BURIAL, CREMATION, OR REMOVAL
Place Swartz Cem Date Feb 8 1937

19. UNDERTAKER John H Weber
(Address) 1401 E Chester St

20. FILED FEB 9 1937 Thomas E. Phillips Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1937 to Feb 6 1937

I last saw h.. alive on Feb 6 1937 Death is said to have occurred on the date stated above, at 10.15 pM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb 3
Bronchopneumonia	Jan 28
Other contributory causes of importance:	
General debility	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) George S. Pattison Pat Dr. M. D.

(Address) 432 S. Patterson Park Ave.

OCCUPATION is very important. See instructions on back of certificate.

32145

HEALTH DEPARTMENT—CITY OF BALTIMORE

32145

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 1246 S. Decker Ave St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 48 yrs. ..... mos. ..... ds.

2. FULL NAME Martin Michalak

If U.S. Veteran specify WAR .....

(a) Residence: No. 1246 S. Decker Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Michalak

6. DATE OF BIRTH (month, day, year) Sep. 29 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME George Michalak

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Frances Michalak (Wife

(Address) 1246 S. Decker Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Cem Date Feb 11 . 1937

19. UNDERTAKER John M Weber

(Address) 401 S. Chester St

20. FILED 19 ..... [illegible]

9 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1937 to Feb. 7 1937

I last saw him alive on Feb 6 1937. Death is said to have occurred on the date stated above, at 355A m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Congestion — Date of onset .....

Hypostatic Pneumonia .....

Chronic Nephritis .....

Bilateral Inguinal Hernias .....

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alfred Kenworthy M. D.

(Address) 2574 East ave

F 32146 F 32146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 2-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Grat

(a) Residence: No. 324 S. Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT James Grat son
(Address) 324 S Ann St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Feb 10, 1937

19. UNDERTAKER John F McWeeney
(Address) 401 S. Chester St

20. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1937 to Feb. 6, 1937

I last saw him alive on Feb 6, 1937. Death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	2-2-37

Other contributory causes of importance:

Arteriosclerosis	
Chronic Myocarditis	?

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Frank R Stephenson M. D.

(Address) St Josephs Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1269-9

F 32147

32147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

26-10 93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3306 Mc Elderry St. 26 Ward)

Length of residence in city or town where death occurred 45 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Siedlecki

(a) Residence: No. 3306 Mc Elderry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Joseph Siedlecki

6. DATE OF BIRTH (month, day, year) April 8, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	9	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Michael Skalski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Agatha Stawski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT John Siedlecki
(Address) 3306 Mc Elderry St.

18. BURIAL, CREMATION, OR REMOVAL
Place H. Mt. Olivet Date Feb 11, 1937

19. UNDERTAKER Harry Weber
(Address) 401 S. Chester St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above; held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Paul Schenther, M. D.
Coroner

(Address) 1919 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

32148

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32148

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4009 W. Franklin St. St., ... Ward) 20-7131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bridget Theresa Wright

If U. S. Veteran specify WAR .....

(a) Residence: No. 4009 W. Franklin St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Samuel E. Wright

6. DATE OF BIRTH (month, day, year) Oct. 1870.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	3 4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James Coughlin

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Jos.M. Cordrey (Address) 3214 Montebello Terrace

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Feb.10/37

19. UNDERTAKER Harry H. Lutzke (Address) 4101 Edmondson Ave.

20. FILED FEB 9 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/8/ 1937

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1933 to July 7, 1933 and I last saw h..... alive on Feb. 6, 1937. Death is said to have occurred on the date stated above, at 4:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio - Vascular - Renal Disease	

Other contributory causes of importance: Bronchial Pneumonia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Sigel Fittman M. D.

(Address) 1304 E. Chase St.

OCCUPATION is very important. See instructions on back of certificate.

F 33149

F 32149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. West Balt. Gen. Hospital St., 173-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. 8 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rebecca Helen Pearce

(a) Residence: No. 3406 Seneca St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. H. Pearce

6. DATE OF BIRTH (month, day, year): May 31, 1857

7. AGE: Years 79 | Months 8 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Wilhimith Bonnyhart

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Elizabeth A. Terry

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs. Fannie Pearce Carpenter
(Address) 944 Rivard Blvd Street Hartford

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Ridge Date: Feb 10- 1937

19. UNDERTAKER: Horace E. Burgee
(Address) 3631 Falls Road

20. FILED: 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1a Pneumonia,	
Fracture of Right Femur	

Other contributory causes of importance:

Was an operation performed? yes Date Feb 15th 1937.

For what disease or injury? Fracture of Right Femur

Name of operation Nailing of Fracture Date 1/22/37

What test confirmed diagnosis? X-Ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 1/13/ 1937

Where did injury occur? in front of 3462 Seneca St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place on street

Nature of injury Fracture of right femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Ham. Corner M. D.
Coroner

(Address) 1215 Fallsway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 9 1937

F 32150

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32150

CERTIFICATE OF DEATH

✓ 93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4209 Hechel Ave St. 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary E. Hechel

(a) Residence: No. 4209 Hechel Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Gottlieb Hechel

6. DATE OF BIRTH (month, day, year) Sept 12-1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Charles Rothaupt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William G. Hechel
(Address) 4209 Hechel Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Jerusalem Date Feb. 10 1937

19. UNDERTAKER John C. Miller
(Address) 2432-34 E. Oliver St

FILED FEB 9 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17 1936 to February 7 1937

I last saw her alive on February 7 1937. Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atheromatous Myocarditis, chr. (ATHEROMATOUS MYOCARDITIS, CHR)	?
Other contributory causes of importance: Bronchopneumonia Chronic Cholecystitis	1/29/37 10 years

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Franklin C. Eleder M. D.

(Address) 3776 Edmondson Road.

FRANKLIN C. ELEDER

OCCUPATION is very important. See instructions on back of certificate.

F 32151

F 32151 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 E. Clement St., 24-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Theresa Bock

(a) Residence: No. 124 E Clement St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White.

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Bock.

6. DATE OF BIRTH (month, day, year): June 30 1867

7. AGE: Years 69 | Months 7 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Michael Zinkand

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): John Bock. 124 E Clement St

18. BURIAL, CREMATION, OR REMOVAL: Holy Cross A.A. Co. Date Feb 10 1937

19. UNDERTAKER (Address): Bernard C. Harlow 121 E West St

20. FILED FEB 9 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 7th 1937

22. I HEREBY CERTIFY, That I attended deceased from April 14. 1933 to Feb. 7 1937

I last saw her alive on Feb. 6, 1937 Death is said to have occurred on the date stated above, at 6.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio vascular disease	Apr. 14, 1933.
Other contributory causes of importance: Cerebral hemorrhage	9 hrs

Was an operation performed? no Date of - - -

For what disease or injury? - - -

Name of operation Date of

What test confirmed diagnosis? p.f. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Harry Zeibel M.D.

(Address) 124 E Clement St

OCCUPATION is very important. See instructions on back of certificate.

F 32152 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32152

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen'l St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Bowers

If U. S. Veteran specify WAR No Record

(a) Residence: No. 3322 Hayward Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem'l	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 5th 1925

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	11 12	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. schoolgirl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME William Bowers

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary E. Hines

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT William Bowers

(Address) 2322 Hayward Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Feb 10th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

20. FILED FEB 9 1937 Eugene Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-7-1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1937 to Feb. 7 1937

I last saw her alive on Feb. 7 1937. Death is said to have occurred on the date stated above, at 6.50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicular abscess.	

Other contributory causes of importance:

Focal peritonitis

Pneumonia

Was an operation performed? yes Date of Jan. 14, 1937

For what disease or injury? appendicular abscess

Name of operation abdominal opened & drained

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jerome Feldman M. D.

(Address) Maryland Gen'l Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 126m-8

F 32153

F 32153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2311 Windsor Ave, 15-14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George J. Horaung

(a) Residence: No. 2311 Windsor Ave, Ward. No Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of (or ~~WIFE of~~) Ida M. Horaung

6. DATE OF BIRTH (month, day, year) June 28th 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——— gone

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Adam Horaung

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Maria

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George Neujahr

(Address) 2311 Windsor Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Feb 10th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 2-9 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7th 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1936 to Feby 7, 1937

I last saw h alive on 19 . Death is said to have occurred on the date stated above, at 4:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Dec 36
Other contributory causes of importance:	
Nephritis chronic	Dec 37

Name of operation Date of

What test confirmed diagnosis? No. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis Groseyhe, M. D.

(Address) 424 E. Mount Ave,

OCCUPATION is very important. See instructions on back of certificate.

F 32154

32154 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital S. 13-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Melvin Marks

If U.S. Veteran specify WAR .....

(a) Residence: No. 2201 Whittier Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 21 1916

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
20	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. If deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER

13. NAME Sidney Marks

14. BIRTHPLACE (city or town) Balto. Md.
(State or country)

MOTHER

15. MAIDEN NAME Vina Rutenberg

16. BIRTHPLACE (city or town) D. C.
(State or country)

17. INFORMANT Mr. Sidney Marks
(Address) 2201 Whittier Ave.

18. BURIAL, CREMATION, OR REMOVAL Balto. Heb. Cem. Date Feb 2 1937

19. UNDERTAKER David Sonneborn & Son
(Address) 1902 Eutaw Place

20. FILED FEB 9 1937 Eugene Feinblatt M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/9/ 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/30/ 1937, to 2/9/ 1937.

I last saw ... alive on 2/9/ 1937. Death is said to have occurred on the date stated above, at 4:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	1/10/37
Pulmonary Tuberculosis	

Other contributory causes of importance:

Pulmonary tuberculosis

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Benjamin B. Rose, M. D.

(Address) Sinai Hospital

F 32155 HEALTH DEPARTMENT--CITY OF BALTIMORE F 32155

CERTIFICATE OF DEATH 46-4 REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2603 Keyworth Ave. ST.; 12 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Edna Berliner Cahn

(Residence in Baltimore: No. 2603 Keyworth Ave ST.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Oct. (Month) 1 (Day), 1883 (Year)

7 AGE: 53 yrs. 4 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer): Housewife

9 BIRTHPLACE (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Samuel Berliner

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Fannie Elsasser

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. Charles Cahn

(Address) 2603 Keyworth Ave

15 Filed [illegible] 1937 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb (Month) 9 (Day), 1937 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 9, 1937, to Feb 8, 1937, that I saw her alive on Feb 7, 1937, and that death occurred, on the date stated above, at 4 a, m.

The CAUSE OF DEATH* was as follows:

Adenocarcinoma of Intestine

(Duration) 1 yrs. 6 mos. ds

Contributory (SECONDARY) Exhaustion (Duration) yrs. 2 mos. ds.

(Signed) A Samuels M. D.

Feb 9, 1937 (Address) 1928 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. In the ds. State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Balto. Hebrew Cem. DATE OF BURIAL: Feb. 11, 1937

20 UNDERTAKER: Harid Sondheim & Son ADDRESS: 1902 Eutaw Place

Every important statement. See instructions on back of certificate.

F 32156

32156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 20805

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 76-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1903 yrs. mos. ds. How long in U. S. If of foreign birth? 34 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank Aleksalza

(a) Residence: No. 1611 Cherry St., Curtis Bay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva

6. DATE OF BIRTH (month, day, year) 10-4-1884 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Walter

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Ursula Gryeyewska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Recorde of Balto. City Hospt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Feb 10 19 37

19. UNDERTAKER W. S. Fialkowski
(Address) 2007 Eastern Ave

20. FILED FEB 9 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-8 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-3 1937 to 2-8 1937

I last saw him alive on 2-8 1937 Death is said to have occurred on the date stated above, at 5-40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6 days
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Kenny M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32157

CERTIFICATE OF DEATH

20816 F 32157

3-2-12

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME August Luberwicz

(a) Residence: No. 861 S. Dallas St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-17-1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
62	61		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) German

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Sacred Heart of Mary. Date Feb. 9, 1937.

19. UNDERTAKER M. J. Sadowski & Sons
(Address) 180 + Eastern Ave.

20. FILED FEB 9 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-7, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-3, 1937, to 2-7, 1937

I last saw him alive on 2-7, 1937 Death is said to have occurred on the date stated above, at 5:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute appendicitis & peritonitis	7 days.
Other contributory causes of importance: Bronchopneumonia	3 days.

Was an operation performed? yes Date of 2-5-37

For what disease or injury? acute appendicitis

Name of operation appendectomy

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) H. A. Hoover M. D.

(Address) Balt. City Hosp

OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32158

CERTIFICATE OF DEATH

F 32158

11-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 538 Orchard St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joshua Francis Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 538 Orchard St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma Johnson

6. DATE OF BIRTH (month, day, year) 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince George Co Md

FATHER

13. NAME Joseph Johnson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Edward Johnson

(Address) 1739 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peter's Date Feb. 10, 1937

19. UNDERTAKER Mrs Katie R. Williams

(Address) 222 N. Schroeder St

20. FILED FEB 9 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7 X, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia Influenza type	Feb 6 1937

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George L. Allen M. D.

Coroner

(Address) 257 Linwood

See instructions on back of certificate. OCCUPATION is very important.

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32159 — CERTIFICATE OF DEATH — F 32159

205 E

Registered No. 19-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 Sterling St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME William Kelly

(a) Residence: No. 509 Norris St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Mary Kelly

6. DATE OF BIRTH (month, day, year) Feb 16 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer in saw mill

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Federal Hts N.C.

FATHER

13. NAME Thomas Kelly

14. BIRTHPLACE (city or town) (State or country) NC

MOTHER

15. MAIDEN NAME Dora Kelly

16. BIRTHPLACE (city or town) (State or country) NC

17. INFORMANT Mary Kelly (Address) 509 Norris St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date Feb 10, 1937

19. UNDERTAKER Mrs. Katie R. Williams (Address) 322 E. Saratoga St.

20. FILED FEB 9 1937 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laceration and fracture Skull - face and neck	Feb 6 1937
Severed right arm	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? No

Name of operation None Date of

What test confirmed diagnosis? Visual & observation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Feb 6, 1937

Where did injury occur? 923 Sterling St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industry (wood saw mill)

How injury occurred Struck by saw and severed right arm

Nature of injury Laceration - face - neck and arm

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen Coroner M. D.

(Address) 507 Aisquith St

VS 6

OCCUPATION is very important. See instructions on back of certificate.

F 32160 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 32160

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 16-1 Ward)

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Levi Olsup (Bush) If U. S. Veteran specify WAR War

(a) Residence: No. 1106 Edmondson Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) Oct 13-1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Olsup

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER

15. MAIDEN NAME Martha Dyson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Carrie Bush 1554 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb 9, 1937

19. UNDERTAKER Mrs Katie R. Williams

(Address) 1554 N. Schroeder St.

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & autopsy thereon and from the evidence obtained by said inquest & autopsy (Inquest, Autopsy or Inquiry) that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Feb 28 1937

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

Coroner

(Address) 50 E. Lexington St.

OCCUPATION is very important. See instructions on back of certificate.

VS 6

Spec.—9-30—A. & Co.—250 Bks.

OFFER ✓

F 32161 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-a F 32161

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No Franklin Square Hosp ST 19-2 WARD)

2. FULL NAME Sylvia Offer

(a) RESIDENCE NO. Franklin Square Hospital ST. WARD
(Usual place of abode) 113 N. Bruce St. (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 30-35

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1 2	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Herbert Offer

11 BIRTHPLACE OF FATHER (city or town) Churchton
(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Williams

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant May Offer
(Address) 113 N Bruce St.

15 Filed FEB 9 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/7/37

17
I HEREBY CERTIFY, That I attended deceased from 2/5/ , 1937 , to 2/7/ , 1937

that I last saw h alive on 2/7/ , 1937

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Abraham A. Levine M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Feb 10, 1937

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 Schroeder St

TION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

32162

CERTIFICATE OF DEATH

131 F 32162

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) 504 N. Carrollton ave (b) 18-2 Ward)

Length of residence in city or town where death occurred 55 yrs. 26 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie Grass West

If U. S. Veteran specify WAR .....

(a) Residence: No. 504 N. Carrollton ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: ~~Male~~ Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James West.

6. DATE OF BIRTH (month, day, year) January 11th 1882.

7. AGE: Years 55 | Months | Days 26 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work

10. Date deceased last worked at this occupation (month, day, year) 11/25/36

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Horace Grass.

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER

15. MAIDEN NAME Elizabeth Reed

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Pauline Harper Johnson (Address) 504 N. Carrollton ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb. 11, 1937

19. UNDERTAKER Mrs. Kate R. Williams (Address) 322 N. Schroeder St

20. FILED FEB 9 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/6 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 to 1937 to Feb 6 1937

I last saw her alive on Feb 5 1937 Death is said to have occurred on the date stated above, at 2:30 pm

The principal cause of death and related causes of importance were as follows:

Endocarditis Date of onset 1/4/37

Other contributing causes (duration)

Arteriosclerosis. Jan 1936

Was an operation performed? None Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Clinical (Microscopical, chemical, bacteriological, etc.)

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos. L. Turner M. D.

Address 522 Mortimer ave

OCCUPATION is very important. See instructions on back of certificate.

F 32163

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32163

CERTIFICATE OF DEATH

72-W

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Venze

(a) Residence: No. 1005 Granby St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Tobie ?

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Paul Venze

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Lelia ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt Carmel Date 2/9/37

19. UNDERTAKER Jos. L. Sears & Son
(Address) 1435 E. Balto St.

20. FILED 19

1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1937 to Feb 8, 1937

I last saw him alive on Feb 8, 1937. Death is said to have occurred on the date stated above, at 11.56 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2/5/37
Chronic Lymphatic Leukemia	2 years

Other contributory causes of importance:

Emphysema & Chronic Bronchitis	years

Was an operation performed? No Date of

For what disease or injury?

White Count 100,000 - 75% Lymphocytes

What was last confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Charles A. Janeway M. D.

(Address) Johns Hopkins Hospital

F 32164

32164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 12-5-216-M

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR. .....

2. FULL NAME John R Smith

(a) Residence: No. 445 Pittmore St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) .....
(State or country)

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 2/11, 1937

19. UNDERTAKER Mulligan Cook
(Address) 1221 St Paul St

FILED FEB 9 1937 H. Eugene Pitcher, M.D.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-8-1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:	Date of onset
	1-37
Other contributory causes of importance:	1937 6

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury 19 6

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

32165

HEALTH DEPARTMENT—CITY OF BALTIMORE

32165

CERTIFICATE OF DEATH

468

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 E Lord ave St., 24-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John N Schuman

(a) Residence: No. 713 E Fort ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Addie Polke

6. DATE OF BIRTH (month, day, year) Jan 1, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bgelo Md

FATHER

13. NAME John Schuman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Addie Schuman

(Address) 713 E Fort ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holland Date Feb 11 1937

19. UNDERTAKER Chas C Stevens

(Address) 1601 E. Fort ave

FEB 9 1937 at Baltimore, Md

EAS

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1936, to Feb 8, 1937

I last saw him alive on Feb 4, 1937 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	unknown
Other contributory causes of importance: Old age - hypertension Nephritis	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Phys Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Titlow, M. D.

(Address) 1319 Light St.

M. D. B 1268-9

F 32166

F 32166 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Thomas Roberts

If U. S. Veteran specify WAR

(a) Residence: No. 838 W Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: X

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 55	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME: ..

14. BIRTHPLACE (city or town) (State or country): ..

MOTHER

15. MAIDEN NAME: ..

16. BIRTHPLACE (city or town) (State or country): ..

17. INFORMANT: X

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date FEB 9 - 1937

19. UNDERTAKER: Commissioner of Health

(Address) Per H. A. Moore

20. FILED ... By ... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1937

22. I HEREBY CERTIFY, That I took Charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Wright Coroner M. D.

(Address) 1010 S. Ellwood Ave.

2084

32167 (Burial) ✓ F 32167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 332 S. Clinton St. 26 Ward) 26/10

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary G. Sewell

If U.S. Veteran specify WAR .....

(a) Residence: No. 332 S. Clinton St. 26 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leo D Sewell

6. DATE OF BIRTH (month, day, year) July 8-1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	7	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Antone Yeager

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Ruth Dickerson

(Address) 1813 E. 28th St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date Feb. 11, 1937

19. UNDERTAKER J. Heneghan & Son

(Address) 37 S. Broadway.

20. [illegible] Huntington Hillmeyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21st, 1936 to Feb. 8, 1937.

I last saw her alive on Feb. 8, 1937. Death is said to have occurred on the date stated above, at 3 25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Unknown
+ Mitral Incompetence	

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Attending Physician Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Frank A. Glantz M. D.

(Address) 7 Wendover Road

OCCUPATION is very important. See instructions on back of certificate.

9 1937

17

32168 F 32168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-92-a

Registered No. 13-L

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Ward) (If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Helen Murray
Helen Pearl Brooks Murray

If U.S. Veteran specify WAR

(a) Residence: No. 1919 Park Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William G. Murray

6. DATE OF BIRTH (month, day, year) Sept 29 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER

13. NAME John Ball

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Paul V. Brooks
(Address) 1900 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feby 9 1937

19. UNDERTAKER John O. Mitchell Sons
(Address) 1900 Eutaw Place

20. FILED 9 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-8-37. 19

22. I HEREBY CERTIFY, That I attended deceased from 2-3-37, 19 to 2-8-37, 19

I last saw her alive on 2-8-37, 19 Death is said to have occurred on the date stated above, at 10 25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency	

Other contributory causes of importance:

Syphilis	
Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Louis J. Pirolle M. D.

(Address) South Baltimore General Hosp

32169 F 32169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4-153-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Jeanette E. Brouwer JEANNETTE K. BROUWEL

If U.S. Veteran specify WAR .....

(a) Residence: No. 6 E. J. Mundorf Rd. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry M. Brouwer

6. DATE OF BIRTH (month, day, year) Nov 10, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
75?	79	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Leonard Hetrick

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Katheryn Hamilton

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Louise B. Stehl

(Address) 2038 Aisquith Road

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Feb 10 1937

19. UNDERTAKER John Oursler & Sons

(Address) 1900 Eutaw Place

20. FILED FEB 9 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-8, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-27, 1937, to 2-8, 1937, last saw her alive on 2-8, 1937. Death is said to have occurred on the date stated above, at 7.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder (Cervix)	Unk
	1935

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

32170 F 32170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15-8 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2201 Roslyn Ave. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Standish Barry

If U. S. Veteran specify WAR

(a) Residence: No. 2201 Roslyn Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Chandler

6. DATE OF BIRTH (month, day, year) Jan. 12, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	--	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk Superior Court

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Standish Barry

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Virginia Colehouse

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Emma C. Barry
(Address) 2201 Roslyn Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemy Date 2/11/37

19. UNDERTAKER John O'Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/8/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28 1937 to Feb. 8, 1937

I last saw him alive on Feb 8, 1937 Death is said to have occurred on the date stated above, at 2:50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease. Cardiac insufficiency	1936 Feb. 7 1937
Other contributory causes of importance: Albuminous nephritis	Jan 28, 1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation Blood chemistry, Urinanalysis

What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. Kendig Wallace M. D.

(Address) 2839 Walbrook Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 32171

F 32171 56

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X53-E

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Benjamin T McBurney

(a) Residence: No. Park Road (Usual place of abode) Fort Mitchell St., ... Ward. Covington Ky (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Florine

6. DATE OF BIRTH (month, day, year) 3-6-82

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Executive

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Alexander McBurney

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Florence Thomas

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Fort Mitchell Ky Date Feby. 10 1937

19. UNDERTAKER John O. Mitchell & Sons (Address) 1700 Eastern Place

FILED 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1936 to Feb 9 1937

I last saw him alive on Feb 9 1937 Death is said to have occurred on the date stated above, at 235 A m.

The principal cause of death and related causes of importance were as follows:

Carcinomatosis — Date of onset July 1936

Other contributory causes of importance:

Malnutrition

Secondary anemia

over

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Rankin C. Blount M. D.

(Address) Johns Hopkins Hosp.

OCCUPATION is very important. See instructions on back of certificate.

32172

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 32172

CERTIFICATE OF DEATH

108

Registered No. 2-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 225 South Chapel Street St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Katarzyna Majka

(a) Residence: No. 225 South Chapel Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced ~~HUSBAND OF~~ ~~XXX~~ WIFE of The Late Wojciech Majka.

6. DATE OF BIRTH (month, day, year) About 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John Majka (Son)

(Address) 225 South Chapel Street

18. BURIAL, CREMATION, OR REMOVAL

Place St, Stanislaus Date Feb, 11th 1937

19. UNDERTAKER George A. Weber

(Address) 705 South Ann Street

20. 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 8th 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1937 19 to Feb. 8 1937

I last saw h. alive on Feb. 8 1937 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Bronchial Asthma	
Mitral Insufficiency	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wojciech Majka, M. D.

(Address) 225 South Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

✓ F 32173

32173 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-D

Registered No. 1-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert E. Horchen

If U.S Veteran specify WAR

(a) Residence: No. 636 S Conkling St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 14 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4 6	2 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph Horchen

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Lula Lewandowski

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Mrs Lula Horchen

(Address) 636 S Conkling St

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date Feb 11th 1937

19. UNDERTAKER George A Weber

(Address) 705 E Lanvale

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 9 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 2 - 7, 1937 to 2 - 9, 1937

I last saw him alive on 2 - 9, 1937 Death is said to have occurred on the date stated above, at 3 45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Malnutrition	
Marasmus	about

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address) Sinai Hosp.

OCCUPATION IS VERY Important. See Instructions on back of certificate.

F 32174

32174 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-C

Registered No. 27-193

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2862 Pelham Ave St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Frank J. Hayden

(a) Residence: No. 2862 Pelham Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Ella Cadden Hayden

6. DATE OF BIRTH (month, day, year) May 2, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Francis J. Hayden

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Jordan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John J. Hayden

(Address) 3132 Clifthurst Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 2/11 1937

19. UNDERTAKER Margaret J. Flynn

(Address) 2107 Gilmor St

Huntington Hilltop 4700

20. FILED 9 1937

VS 6

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave.

✓ F 32175

32175 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

68

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 1616 Mc Culloh St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Jane Turner — if U.S. Veteran specify WAR ....

(a) Residence: No. 1616 Mc Culloh St., Ward. ....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. A. Turner

6. DATE OF BIRTH (month, day, year): Oct. 14-1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

FATHER

13. NAME: John Turner

14. BIRTHPLACE (city or town) (State or country): Montgomery Co. Md.

MOTHER

15. MAIDEN NAME: Elizabeth Stang

16. BIRTHPLACE (city or town) (State or country): Montgomery Co.

17. INFORMANT: Morris Turner
(Address): 1616 Mc Culloh St

18. BURIAL, CREMATION, OR REMOVAL
Place: St. Johns Reston Md. Date: Feb. 10, 1937

19. UNDERTAKER: Mrs. George H. Holland
(Address): 1631 Druid Hill Ave

FILED 9 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1936 to Feb 7, 1937

I last saw h(er) alive on Feb 7, 1937. Death is said to have occurred on the date stated above, at 1PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Addison's Disease	Nov. 1936
Other contributory causes of importance: None	

Was an operation performed? No Date of ....

For what disease or injury? ....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so specify ....

Signed: Geo. W. McDonald M. D.
(Address): 844 W Carey St

OCCUPATION is very important. See instructions on back of certificate.

F 32176

32176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH Bon Secours Hospital — Registered No. 4

CITY OF BALTIMORE: (No. 2025 W. Fayette St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jean R. Martinelli — If U.S. Veteran specify WAR ...

(a) Residence: No. 2534 Boyd St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 25 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Martinelli

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Angelina Carfagna

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Joseph Martinelli (Father)

(Address) 2534 Boyd St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Feb 10 1937

19. UNDERTAKER Frank Weller Noel

(Address) 524 N. Morley St.

20. FILED FEB 9 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/7, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/1/37, 19..., to 2/7, 1937.

I last saw her alive on 2/7, 19 37. Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/29/37
(over)	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas B. Marck, M. D.

(Address) Bon Secours Hosp

F 32177

32177 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

82-a

Registered No. 27-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3027 Glenmore Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? Unknown yrs. ds.

2. FULL NAME Augusta Brinda

(a) Residence: No. 3027 Glenmore Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Brinda

6. DATE OF BIRTH (month, day, year) Nov. 21 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country) Germany

17. INFORMANT Elizabeth Carling Daughter (Address) 3027 Glenmore Ave.

18. BURIAL, CREMATION, OR REMOVAL St. John's Cemetery Date Feb. 10 1937

19. UNDERTAKER Frederick Leadenham Sons (Address) 6201 Belair Road

20. FILED Feb 9 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1937 to Feb. 7 1937

I last saw h[illegible] alive on Feb. 7 1937. Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	Jan 1.
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Gustave A. Graf M. D.

(Address) 6201 Belair Rd.

OCCUPATION is very important. See instructions on back of certificate.

F 32178

32178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B

Registered No. 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4211 Belmar Ave St., 26 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles A. Kelso Sr.

(a) Residence: No. 4211 Belmar Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca E. Kelso

6. DATE OF BIRTH (month, day, year) June 2nd 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. attorney

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME William Kelso

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Frances Ayers

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mrs Rebecca E. Kelso

(Address) 4211 Belmar ave.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cemetery Date Feb. 11th 1937

19. UNDERTAKER Frederick Loeffler Sons

(Address) 7401 Belair Road

9 FILED 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 8th 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 5th 1937 to Feb 8th 1937

I last saw h— alive on Feb 7th 1937 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	May 1936
Other contributory causes of importance: Myocardial Insufficiency	Jan 25th

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis Signs & Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edwin S Jenson M. D.

(Address) 1 W. Oreland ave

VACCINATION IS NOT IMPORTANT. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32179

CERTIFICATE OF DEATH

51-2 F 32179

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary Ward) 11-5

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Reverend Albert C Cheetham

If U.S. Veteran specify WAR .....

(a) Residence: No. 2313 W. Lafayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel M. Burkhard Cheetham

6. DATE OF BIRTH (month, day, year) Dec. 13, 1893.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Edwin T. Cheetham

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Lelia Rappold

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT (Address) Mrs. Albert C. Cheetham 2313 W. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Western Date Feb. 11/37

19. UNDERTAKER (Address) 4101 Edmondson Ave.

20. FILED [illegible] 9 1937 Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 17, 1936 to February 8, 1937

I last saw him alive on February 8, 1937 Death is said to have occurred on the date stated above, at 3:25 p.m.

The principal cause of death and related causes of importance were as follows:

Leukemia; chronic myeloblastic — Date of onset about Sept 1/36

Other contributory causes of importance:

Papillary Carcinoma of bladder
Secondary anemia

Was an operation performed? ..... Date of (over)

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Vernon N. Norwood M. D.

(Address) Church Home & Infirmary

32180 ✓ F 32180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46B

1. PLACE OF DEATH St. Agnes Hospital — Registered No. 20-5

CITY OF BALTIMORE: (No. Wilkens Ave, St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Elizabeth Cole — If U.S. Veteran specify WAR .....

(a) Residence: No. 2605 Dulaney St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Harry C. Cole

6. DATE OF BIRTH (month, day, year) April 10, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry Waldo

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Harry C. Cole
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 10th 37

19. UNDERTAKER Frederick A. Cole
(Address) 12 and W Lombard St

20. FILED 19 .....

FEB 9 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1937, to Feb. 7, 1937

I last saw her alive on Feb. 7, 1937 Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	—
Other contributory causes of importance:	
SECONDARY ANEMIA	1/26/37
PARTIAL OBSTRUCTION	1/19/37

Was an operation performed? NO Date of .....

For what disease or injury? .....

What test confirmed diagnosis? CLINICAL LABORATORY X RAY Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Daniel Fee Jackson M. D.
(Address) St. Agnes Hospital

32181 HEALTH DEPARTMENT—CITY OF BALTIMORE 32181

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. U MH St. 9-8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr George B Jones
If U. S. Veteran specify WAR

(a) Residence: No. 509 E 20th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 13 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	1881	Aug 5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk Western MdRR

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME John Jones

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Ida Kelly

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Maurice L. Barnes
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date Feby 11 1937

19. UNDERTAKER Harry G. Armiger & Son
(Address) 1120 Edgewood Ave.

20. 1937 Huntington, W. Va. Registrar.

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1936 to Feb 8, 1937
I last saw him alive on Feb 7, 1937 Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	1933
& Left Lobar pneumonia	

Other contributory causes of importance:

over

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) L. Clazill Reed M. D.
(Address) Union Memorial Hosp

OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 32182

32182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

20-6

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3037 Frederick Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Wilbert Russell Wagner

(a) Residence: No. 3037 Frederick Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day, year) Dec 10 1936

7. AGE Years	Months	Days 28	If LESS than 1 day, hrs. or min.
	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wilbert H. Wagner

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Violet May Ryland

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Wilbert H. Wagner
(Address) 3037 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date Feb 10 1937

19. UNDERTAKER Harry K. Ammerman & Son
(Address) 4204 Ridgewood Ave.

20. Date 1937 Huntington Wilson

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Feb 8 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1937 to Feb 8 1937

I last saw him alive on Feb 8 1937 Death is said to have occurred on the date stated above, at 9.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	2/6/37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jacob Fishel M. D.

(Address) 1823 N. Wash. St.

OCCUPATION IS VERY Important. See Instructions on Back of Certificate.

32183 F 32183

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 133

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1925 Guilford Av. St., 12 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Cromwell Suman — If U.S. Veteran specify WAR NONE

(a) Residence: No. 1925 Guilford St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Clementine Suman
6. DATE OF BIRTH (month, day, year): Jany-12-1850
7. AGE: Years 87; Months 0; Days 27; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Md. Business Co.
10. Date deceased last worked at this occupation (month and year): 1930
11. Total time (years) spent in this occupation: 15 yrs.

12. BIRTHPLACE (city or town) (State or country): Frederick Co. Maryland

FATHER
13. NAME: Randolph Suman
14. BIRTHPLACE (city or town) (State or country): Frederick Co. Maryland

MOTHER
15. MAIDEN NAME: Rachael Cromwell
16. BIRTHPLACE (city or town) (State or country): Bull Run Virginia

17. INFORMANT (Address): Mrs Ethel S. Norman (daughter) 1925 Guilford Av.

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: Feb 8 1937

19. UNDERTAKER (Address): Stewart Mortuary Co. 108 W. Fayette St.

FILED 9 1937 Huntington Fitzhugh, Jr. H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feby 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1937 to Feby 7, 1937. I last saw him alive on Feby 7, 1937. Death is said to have occurred on the date stated above, at 4.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1935
Other contributory causes of importance: Kidney trouble	

Was an operation performed? No Date of
For what disease or injury?
What was confirmed diagnosis? No. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Dr. Hugh Forsythe, M. D.
(Address) 2246 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

F 32184

M. D. B 1268-9

32184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 Orkney Rd. 27-8 Ward)

Length of residence in city or town where death occurred 60 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 77 yrs. 8 mos. 16 ds.

2. FULL NAME Harriett Vasline Scott — If U. S. Veteran specify WAR NONE

(a) Residence: No. 503 Orkney Rd St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): about May-23-1857

7. AGE: Years: about 79 | Months: 8 | Days: 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): None

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Catawissa Penna

FATHER

13. NAME: Walter Scott

14. BIRTHPLACE (city or town) (State or country): Catawissa Penna

MOTHER

15. MAIDEN NAME: Mary Vasline

16. BIRTHPLACE (city or town) (State or country): Catawissa Penna.

17. INFORMANT: J. Milton Gunn

(Address) Towson Md

18. BURIAL, CREMATION, OR REMOVAL: Prospect Hill-Towson Date Feb 10 1937

19. UNDERTAKER: Stewart Mortin Co.

(Address) 108 W Pennsylvania Ave.

20. 2-9 1937 Huntington, West Virginia

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 32185 F 32185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 4-2 Ward)

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Virginia Bell

If U.S. Veteran specify WAR .....

(a) Residence: No. New Market Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced (or) WIFE of John Bell

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeper

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Mathew Yeager

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Nannie McKee

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT I. K. Falconer

(Address) New Market

18. BURIAL, CREMATION, OR REMOVAL

Place Knoxville Md Date Feb 11, 1937

19. UNDERTAKER W. E. Falconer

(Address) New Market Md

20. [illegible] 19 [illegible]

FEB 10 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan-31, 1937, to Jan. 9, 1937

I last saw h.er alive on Jan. 9, 1937. Death is said to have occurred on the date stated above, at 2:20 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis	1934
Other contributory causes of importance:	
Lung Abscess & perforation of thoracic chest wall. - Empyema. Left.	1936

Was an operation performed? Yes Date of Jan. 1, 1937

For what disease or injury? Tuberculosis Cavity formation & drainage onto chest wall (Thoracoplast

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. J. Nicholson, M. D.

(Address) University Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F.D. 32186 F 32186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

205-9

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. D-2 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kazimier Karejwa
If U. S. Veteran specify WAR No Record
(a) Residence: No. 1422 S. Ann St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

3a. If married, widowed, or divorced
HUSBAND of ——
(or) WIFE of ——

6. DATE OF BIRTH (month, day, year) March 18, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baugh Compines
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER
13. NAME Karejwa
14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER
15. MAIDEN NAME Anna
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Henry Warzynski
(Address) 1801 Aliceff St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Feb 11th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Feb 12 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ——— thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ——— find that said deceased came (Inquest, Autopsy or Inquiry)
to ——— death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Infarct	Feb 7
Fractured Pelvis	
Ruptured bladder	

Other contributory causes of importance:

Was an operation performed? ——— Date of ———
For what disease or injury?
Name of operation ——— Date of ———
What test confirmed diagnosis? Cl Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Dec 8 1936
Where did injury occur? Balto Md
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Industry - Baugh Co
Manner of injury Crushed against wall by
Nature of injury electric conveyer

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Hurt while at work

(Signed) Edwin B Wallace M. D.
(Address) 1031 St Paul St

OCCUPATION is very important. See instructions on back of certificate.

B 10 1937

M. D. B 1268-9 F 32187 Alexina E Campbell F 32187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) Registered No. 181

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alexina E. Campbell If U. S. Veteran specify WAR No Record

(a) Residence: No. 3834 Lemin Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis C.

6. DATE OF BIRTH (month, day, year): Feb 23 1844

7. AGE: Years 92 | Months 11 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: assist in housework
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER
13. NAME: — —
14. BIRTHPLACE (city or town) (State or country): Fifes Balto Md.

MOTHER
15. MAIDEN NAME: Elizabeth (?)
16. BIRTHPLACE (city or town) (State or country): Balt Md.

17. INFORMANT: Paul Campbell (Address) 3706 Belvidere Ave.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Feb 12th 1937

19. UNDERTAKER: Wm Cook (Address) 1217 St Paul St

20. FILED Feb 10 1937 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 9 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows: | Date of onset

2nd degree burns
over entire body with exception of head, thighs & legs

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury Jan 30 1937
Where did injury occur? Balto Md. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place At home while putting coal in furnace
Manner of injury Clothing caught fire
Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. W. Wright M. D.
Coroner
(Address) 1010 E. Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 32188 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 32188

CERTIFICATE OF DEATH

11-B

1. PLACE OF DEATH

CITY OF BALTIMORE; (No. 1250 East North Ave 9-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Dudley

(a) Residence. No. 1250 East North St., ... Ward. No War Record

(Usual place of abode) Life (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 15 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Christie Dudley

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Elizabeth Coulter

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Elizabeth Dudley

(Address) 1250 East North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Hospital Date 2/11 1937

19. UNDERTAKER: Wm Cook

(Address) 217 St Paul Street

20. Filed ... 19... By ... Registrar.

B 11 1937

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 1937 to Feb 9 1937

I last saw him alive on Feb 3 1937 Death is said to have occurred on the date stated above, at 6a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	
Other contributory causes of importance:	
Pneumonia	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. J. Heagy M.D. M. D.

(Address) 1302 N Patterson Park Ave

OCCUPATION is very important. See instructions on back of certificate.

F 32189

F 32189 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 40 1st St. Canton Rd. 13-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Bonita Elizabeth Curry

(a) Residence: No. Home for Incurables St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) Dec. 19, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME John Curry

14. BIRTHPLACE (city or town) Harford County (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Pierce

16. BIRTHPLACE (city or town) Pennsylvania (State or country)

17. INFORMANT Hospital Records (Address) Home for Incurables

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem. Date Feb 11, 1937

19. UNDERTAKER Wm. J. Tickner & Sons (Address) [illegible] Baltimore, Md.

FEB 10 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to February 9, 1937. I last saw her alive on February 8, 1937. Death is said to have occurred on the date stated above, at 7:32 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Other contributory causes of importance:	
Uremia	1 week

Was an operation performed? No Date of ...

For what disease or injury? none

Name of operation none Date of ...

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Conrad Acton M.D.

(Address) Home for Incurables

OCCUPATION is very important. See instructions on back of certificate.

F 32190

F 32190

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 Frankluntown Rd 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fred K. Wesley Wells

If U.S. Veteran specify WAR

(a) Residence: No. 910 Frankluntown Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Flora Wells.

6. DATE OF BIRTH (month, day, year) Dec. 27, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	1	11	12

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Comfort Spring Corp.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.Y.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Kate Wetherwox

16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMANT Mrs Katherine Marshall

(Address) 910 Frankluntown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Glens Falls N.Y. Date Feb. 10 1937

19. UNDERTAKER Wm Tiffney Sons

(Address) York & Paines

20. FILED FEB 13 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 8 1937

22. I HEREBY CERTIFY, That I attended deceased from February 8 1937 to February 8 1937

I last saw him alive on February 8 1937. Death is said to have occurred on the date stated above at 7.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	3 hrs
Other contributory causes of importance:	
Arteriosclerosis	

Was an operation performed? ✓ Date of ✓

For what disease or injury? ✓

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John D. Fiske M. D.

(Address) 936 Monument St.

M. D. B 1268-9

F 32191

F 32191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1640

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2906 Windsor Ave 5-7 Ward)

Length of residence in city or town where death occurred 52 yrs. 9 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Nannie Hopkins

(a) Residence: No. 2906 Windsor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 17 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Jas. Hopkins.

14. BIRTHPLACE (city or town) (State or country) Harford Co Md.

MOTHER

15. MAIDEN NAME Susanne Rankin

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Ray Hopkins.

(Address) 2923 Windsor Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Feb 10 1937

19. UNDERTAKER Wm Fleckner Sons

(Address) Fonthe Peace.

20. FILED ..... 19 ..... By ..... Registrar.

FEB 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)
to ..... death on the day stated above. 10 50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Inhaling Illuminating Gas	

Other contributory causes of importance: Pneumonia, Left Lung

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Feb 7, 1937

Where did injury occur? 2906 Windsor Ave Balto City
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury Illuminating gas from kitchen stove

Nature of injury Gas Poison

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas Carnes M. D.
Coroner

(Address) 216 Harve St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 32192

F 32192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V 131

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 Sulgrave Ave ST. Mt Wash 27-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas S. Dance

(a) RESIDENCE NO. 1621 Sulgrave Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of or) ~~WIFE~~ of Kate Dance

6 DATE OF BIRTH (month, day, and year) Mar. 25-1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	10	13 14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER John Dance

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Sara Gorton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs Sara Dance

(Address) 2nd Washington Blvd

15 Filed FEB 10 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2. 8. 1937

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1st, 1936, to Feb. 8, 1937, that I last saw him alive on Feb. 6, 1937, and that death occurred, on the date stated above, at 12.20 P m.

The CAUSE OF DEATH* was as follows:

Cirrhosis Sclerosis - Senile degeneration

Chronic Interstitial Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Thrombosis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) C. H. Button, M. D.

2. 8. 1937 (Address) 1st Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bakers Cemetery DATE OF BURIAL Feb 10 1937

20 UNDERTAKER H. S. Mars ADDRESS Hall 3539 Fall Rd

FEB 10 1937

F 32193

F 32193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 34 C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Laura Parker

(a) Residence: No. 526 N. Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Reuben Parker

6. DATE OF BIRTH (month, day, year) June 7, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 40

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Belair Md.

FATHER

13. NAME James Brooks

14. BIRTHPLACE (city or town) (State or country) Belair Md.

MOTHER

15. MAIDEN NAME Laura Thompson

16. BIRTHPLACE (city or town) (State or country) Belair Md.

17. INFORMANT Reuben Parker

(Address) 526 N. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL.

Place BELAIR, Md. Date 2-10 37

19. UNDERTAKER J. M. SKINNER

(Address) 102 Druid Hill Ave

20. FILED FEB 10 1937 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 6, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia Acidosis	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenken, M. D. Coroner

(Address) 1919 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 32194

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32194

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH St. Agnes' Hospital, Registered No.
CITY OF BALTIMORE: (No. Wilkens & Caton Aves. St., 19 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eugene A. Kanely, If U.S. Veteran specify WAR
(a) Residence: (No. 1829 1829 Wilhelm St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 6 - 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	-	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — 2000
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER
13. NAME John Kanely
14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER
15. MAIDEN NAME Kate Gagliel
16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Lillie C. Ford
(Address) 1029 Wilhelm St

18. BURIAL, CREMATION, OR REMOVAL
Place Post Chapel Date Feb 11 - 37 19

19. UNDERTAKER J. B. Shipkett & Son
(Address) 1300 Eutaw Place

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 9 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 1 - 21 - 37 19 to 2 - 9 - 1937
I last saw him alive on 2 - 9 19 37 Death is said to have occurred on the date stated above, at 3.00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Pulmonary Tuberculosis	1/14/37

Other contributory causes of importance:
Malnutrition
Secondary Anemia

Was an operation performed? No Date of No

For what disease or injury?

What test confirmed diagnosis Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Daniel Jos. Wehner M. D.
(Address) St Agnes Hospital

F 32195 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32195

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 3-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME June Louise Burke

(a) Residence: No. 1502 Clipper Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) JUNE 1, 1936.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CHILD

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) md
(State or country)

FATHER

13. NAME JESSE A. BURKE

14. BIRTHPLACE (city or town) VA.
(State or country)

MOTHER

15. MAIDEN NAME LEONA G. BAKER

16. BIRTHPLACE (city or town) MD.
(State or country)

17. INFORMANT JESSE A. BURKE
(Address) 1502 CLIPPER ROAD

18. BURIAL, CREMATION, OR REMOVAL
St. Mary's Hampden Date Feb 11 1937

19. UNDERTAKER O'Donnell & Son
(Address) 3615-17 Eastern Ave.

20. Filed ..... 19..... Registrar.

B 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-9 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-19 1937, to 2-9 1937.

I last saw her alive on 2-9 1937. Death is said to have occurred on the date stated above, at 11:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia due to hemolytic streptococcus	1-26-37
Other contributory causes of importance: Bronchopneumonia	1-29-37

Was an operation performed? yes Date of 1-27-37

For what disease or injury? Abscess of hand, left

Name of operation Incision and drainage

What test confirmed diagnosis? Blood culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Robert H. Oliver M. D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

V8 8

M. D. Bl. 268-9 F 32196

F 32196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. 13-8

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. In Automobile En Route to 4134 Falls Rd St., 43 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Chas LeRoy Greene

(a) Residence: No. 4134 Falls Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah A. Greene

6. DATE OF BIRTH (month, day, year) Nov 20 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tobacco

10. Date deceased last worked at this occupation (month and year) Feb 1937

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Zanesville Ohio

FATHER

13. NAME John Le Greene

14. BIRTHPLACE (city or town) (State or country) Zanesville Ohio

MOTHER

15. MAIDEN NAME Sue LeCullum

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Lawrence Bare
(Address) 4134 Falls Rd

18. BURIAL, CREMATION, OR REMOVAL Mount Olivet Cemetery Feb 11, 1937

19. UNDERTAKER Walter R. McNamara
(Address) 4144 Falls Road
Remington Baltimore, Md

20. FILED 1937 Registrar.

10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry, viewed and from the evidence obtained by said Inquest, Autopsy or Inquiry found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2-8-37
Chronic Val. Heart Disease	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm Schaefer M. D.
Coroner

(Address) Baltimore

OCCUPATION is very important. See instructions on back of certificate.

F 32197

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 32197

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2401 Edmondson Ave St., 70 Ward)

Length of residence in city or town where death occurred ..... yrs. 65 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth A. E. Sheffield

(a) Residence: No. 2401 Edmondson Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Byron Sheffield.

6. DATE OF BIRTH (month, day, year) 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) England.

FATHER

13. NAME John Garnall

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Ann Pugh

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Byron H. Sheffield Husband
(Address) 2401 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 11 1937

19. UNDERTAKER Geo W. Little
(Address) 2700 Edmondson Ave Huntington Woods, Md.

20. FILED Feb 10 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 8 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis and Senility	

Other contributory causes of importance: Hypostatic Pneumonia Feb. 7-1937

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Acc. Date of injury Jan 12 1937

Where did injury occur? 2401 Edmondson Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell Down Steps

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. J. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

VS 6

M. D. B. 1268-9

F 32198

F 32198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 726 E. Biddle St. 7 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary A. Downs

(a) Residence: No. 1726 E. Biddle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): April 22, 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47 yrs	9 Mo.	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Spice Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: McCormick Co.

10. Date deceased last worked at this occupation (month and year): 1937

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): St. Mary's Co. Md

FATHER

13. NAME: Wm. B. Bryant

14. BIRTHPLACE (city or town) (State or country): St. Mary's Co. Md

MOTHER

15. MAIDEN NAME: Ellen Spleate

16. BIRTHPLACE (city or town) (State or country): St. Mary's Co. Md

17. INFORMANT: Mrs. Sidney Guthrie

(Address) Cape Charles Va

18. BURIAL, CREMATION, OR REMOVAL: Mt. Olivet Cemetery Date Feb. 12, 1937

19. UNDERTAKER: Edmund W. Cooper

(Address) 924 E. Baltimore St.

20. FILED FEB 10 1937, [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What was confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Wheeler, M. D. Coroner.

(Address) 1918 E. Baltimore

OCCUPATION is very important. See instructions on back of certificate.

F 32199

32199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH St. Joseph's Hosp. Registered No.

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St. 12 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Murray

(a) Residence: No. 410 East 21st St. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-9-37

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				5 m

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Leo Murray

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Margaret Dorsey

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Catherine O'Brien

(Address) 2630 N. Calvert

18. BURIAL, CREMATION, OR REMOVAL

Place St. Joseph's Texas, Md. Date 2/10 19 37

19. UNDERTAKER G. Vernon Lemmon

(Address) 4611 Pk Hgts.

20. FILED 19

Registrar.

FEB 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-9-37 19

22. I HEREBY CERTIFY, That I attended deceased from 2-9-37 12 21 pm 19 to 2-9-37 4 30 pm 19

I last saw him alive on 2-9-37 4 30 pm Death is said to have occurred on the date stated above, at 4 30 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	
None	

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank R Stephenson M. D.

(Address)

32200 F 32200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 Evesham ave St., 27-8 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Martha J.S. Richmond

(a) Residence: No. 603 Evesham ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) —

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Teacher

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Henry Richmond

14. BIRTHPLACE (city or town) (State or country) Strasburg France

MOTHER

15. MAIDEN NAME Mary Ann Seemup

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Henry R. Hagerty
(Address) 2702 Queen Anne Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 11, 1937

19. UNDERTAKER Chas. A. Black
(Address) 242 W. North Ave.

20. FILED ..... 19 ..... Registrar.

FEB 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/9/, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry) to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importante:
Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1918 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32201

CERTIFICATE OF DEATH

F 32201

Registered No. 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 S. Highland Ave. 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marie L. LeBrun

If U. S. Veteran specify WAR .....

(a) Residence: No. 1001 S. Highland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: alfred J.

6. DATE OF BIRTH (month, day, year): May 26 1894

7. AGE: Years: 42 | Months: 8 | Days: 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Balto Maryland

FATHER

13. NAME: John Ulrich

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Pauline Schmucker

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Mrs. Wm LeBrun

(Address) 218 S. Ann St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Feby 11. 1937

19. UNDERTAKER: John Ulrich

(Address) 200 Lemmon St

20. FILED 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary embolism	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. M. Wright M. D.

(Address) 1010 S. Ellwood Ave Coroner

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32202 — CERTIFICATE OF DEATH — 92-aF 32202

Registered No. 46-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 355 S Bonsal St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John L Kurz

If U.S. Veteran specify WAR

(a) Residence: No. 355 S Bonsal St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna M Kurz

6. DATE OF BIRTH (month, day, year): Oct 25 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	3 4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year): 2 yrs ago

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: John L Kurz

14. BIRTHPLACE (city or town) (State or country): Balto

MOTHER

15. MAIDEN NAME: Margaret Langenfelder

16. BIRTHPLACE (city or town) (State or country): Balto

17. INFORMANT: Anna M Kurz

(Address): 355 S Bonsal

18. BURIAL, CREMATION OR REMOVAL

Place: Oak Lawn Date: Feby 12 1937

19. UNDERTAKER: John Ulrich & Sons

(Address): Huntington Avenue, Md

20. Filed: 2 10 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/9/1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1936, to Feb 9, 1937

I last saw him alive on Feb 9, 1937. Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Jan '36
Chronic Endocarditis	Jan '36

Other contributory causes of importance:

Was an operation performed? No Date of None

For what disease or injury? None

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Frank M. Ogden M. D.

(Address) 2701 N. Calvert St.

F 32203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D F 32203

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Infirmary (Street and)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Julius J. Pross

If U.S. Veteran specify WAR .....

(a) Residence: No. 603 S. Patterson Pk Blvd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 18, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70	71	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Christian Pross

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Marie Buckley

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Church Home & Infirmary

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Cem. Date Feby 12 1937

19. UNDERTAKER John Ellsade

Address 2 E Baltimore

Huntington Pl Baltimore, Md

20. FILED FEB 10 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/9 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/2 1937 to 2/9 1937

I last saw him alive on 2/9 1937 Death is said to have occurred on the date stated above, at 8:24 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	Sept 1936

Other contributory causes of importance:

Chronic myocarditis	
Asthma - Bronchitis	1933

Was an operation performed? Yes Date of 2/3/37

For what disease or injury? Carcinoma of rectum

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John C. Fissel, Jr. M. D.

(Address) Church Home & Infirmary

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32204 CERTIFICATE OF DEATH 117-aF 32204

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1802 E. Eager St., 7-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Horace Harris
If U. S. Veteran specify WAR

(a) Residence: No. 1802 E. Eager St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Colored	Married.

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Maggie Harris.

6. DATE OF BIRTH (month, day, year) Feb. 2, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50		5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brick-Layer
10. Date deceased last worked at this occupation (month and year) Jan. 1937
11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Little Fox North Carolina

FATHER
13. NAME David Harris.
14. BIRTHPLACE (city or town) (State or country) North Carolina.

MOTHER
15. MAIDEN NAME Laura Banks
16. BIRTHPLACE (city or town) (State or country) North Carolina.

17. INFORMANT Maggie Harris
(Address) 1802 E. Eager St.

18. BURIAL, CREMATION, OR REMOVAL
Place Littleton N.C. Date Feb 16th 1937

19. UNDERTAKER Mrs. Robert A. Elliott - daughter
(Address) 1129 Caroline St.

20. FILED Feb 16 1937 Huntington Fellowes, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1937, to Feb. 7, 1937

I last saw him alive on Feb. 7, 1937 Death is said to have occurred on the date stated above, at 12½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peptic ulcer	July 1916

Other contributory causes of importance:

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis B. Lute M.D.
(Address) 1741 E. Eager St.

32205 F 32205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6526 EASTBOURNE AVE. St. 76-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME KATHERINE LOUISE MOST

If U. S. Veteran specify WAR .....

(a) Residence: No. 6526 EASTBOURNE AVE. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of JOHN MOST

6. DATE OF BIRTH (month, day, year) JAN 5-1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupatinn .....

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

FATHER

13. NAME HENRY C. STAHM

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME JOHANNA STAHM

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT JOHN MOST (HUSBAND)
(Address) 6526 EASTBOURNE AVE.

18. BURIAL, CREMATION, OR REMOVAL
Place SCHWARTZ CEM. Date FEB 10/37

19. UNDERTAKER Lilly & Zeiler INC.
(Address) 403 S. Wolfe St.

20. FILED FEB 10 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB. 6/37 , 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 , 1937 to Feb 6 , 1937

I last saw h.. alive on Feb 6 , 1937 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	2-2-37
Other contributory causes of importance: Chronic Valvular heart disease	Unknown

Was an operation performed? No Date of —

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) J. W. Reed M. D.

(Address) 2 Kingsley Rd. Irvington Md.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

32206 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 32206

46-B

CERTIFICATE OF DEATH

14-2

1. PLACE OF DEATH Aged Womens Home Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1404 W Lexington St. 14 Ward)

Length of residence in city or town where death occurred 3½ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura V. Horner

(a) Residence: No. 1404 W Lexington St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 10 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
83	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Absalom Horner

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Ann Roberts

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary E. Forestal
(Address) 1404 W Lexington

18. BURIAL, CREMATION, REMOVAL
Place Woodbridge Date Feb 10 1937

19. UNDERTAKER J. Fenton Kechner
(Address) 2301 Edmondson Ave

20. FILED FEB 10 1937 19 Wilkens

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/9/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1927 19 . to February 9, 1937 19

I last saw her alive on February 8, 19 37 Death is said to have occurred on the date stated above, at 6:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the stomach	
duration about 3 months.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edwin A. Lowe M. D.

(Address) 1115 St. Paul St., City.

F 32207

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32207

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2202 Brookfield Ave Ward) 2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Myer Morris

(a) Residence: No. 2202 Brookfield Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Leba Morris

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morris Morris

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Freida

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Leta Morris

(Address) 2202 Brookfield ave

18. BURIAL, CREMATION, OR REMOVAL

Place Herring Run Cem Date 2/10 1937

19. UNDERTAKER Jack Lewis Inc

(Address) 1429 E Baltimore St

20. FILED 19

3 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937, to Feb 10, 1937

I last saw him alive on Feb 8, 1937. Death is said to have occurred on the date stated above, at 4.30 p.m.

The principal cause of death and related causes of importance were as follows:

Cardio-Vascular - Renal disease

Coronary thrombosis

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. J. Sapp M. D.

(Address) 2211 Eutaw (Ave)

Nathan Olitsky

F 32208 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 32208

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 E. Fayette St. 6-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nathan Olitsky

If U.S. Veteran specify WAR .....

(a) Residence: No. 1807 E. Fayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fannie

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: 64 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retail

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

13. NAME: Rebecca Olitsky

FATHER

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Shirley

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Fannie Olitsky

(Address) 1807 E. Fayette St

18. BURIAL, CREMATION, OR REMOVAL: Pikesville Date 2/10/37 19

19. UNDERTAKER: Jack Lewis Dale

(Address) 1439 E. Baltimore St

20. FILED: FEB 10 1937 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1932 to Feb 9, 1937

I last saw him alive on Feb 8, 1937 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	1930
Angina-pectoris	1930
Other contributory causes of importance: Apoplexy	1936

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jacob Cohen, M. D.

(Address) 2235 Broadway

OCCUPATION is very important. See instructions on back of certificate.

32486

HEALTH DEPARTMENT—CITY OF BALTIMORE

32209

CERTIFICATE OF DEATH

11a

F 32209

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., ... Ward) 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jean E. Clautice

(a) Residence: No. 1520 Abbotteston St., ... Ward. W. L.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 25, 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1 yr.	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Albert Clautice

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Myrtle Aeban

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Cloverland Date 2/11 1937

19. UNDERTAKER Leonard Pugh

(Address) 5205 Eastern Ave

FEB 10 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb. 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22 1937 to Feb 9 1937

I last saw her alive on Feb. 9 1937 Death is said to have occurred on the date stated above, at 9.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzal Pneumonia	
Influenzal Meningitis	
Influenzal Septicemia	

Other contributory causes of importance:

Otitis Media	

Was an operation performed? No Date of

For what disease or injury?

What was confirmed diagnosis? L.P. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert Turley, M. D.

(Address) Johns Hopkins Hosp.

M. F. B 32210 ✓ F 32210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-B

1-5

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Roy H. Davidson

If U. S. Veteran specify WAR.....

(a) Residence: No. 2111 E. Lombard St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Doris Davdison

6. DATE OF BIRTH (month, day, year) Aug. 12, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	5	28 ??	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cashier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steam Ship Co.

10. Date deceased last worked at this occupation (month and year) ..... (b) Total time (years) spent in this occupation.....

12. BIRTHPLACE (city or town) (State or country) Mass

FATHER

13. NAME Frank H. Davdison

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Mable Tous (Jones)

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Doris Davdison

(Address) 2111 E. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Boston Mass. Date Feb 12, 19 37

19. UNDERTAKER F. B. Shubert & Sons

(Address) 1322 Eutaw Place.

20. FILED FEB 10 1937 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins Disease	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) E. R. Clarke M. D.

(Address) 3707 Keswick Rd Coroner

F. D. 32211 Ray Parker ✓ F 32211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 181

1. PLACE OF DEATH Md Gen Hospital
CITY OF BALTIMORE: (No. ..... St., 7-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ray Parker
If U. S. Veteran specify WAR .....

(a) Residence: No. 1814 E. Eager St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adeline Parker

6. DATE OF BIRTH (month, day, year) April 9, 2

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	about 28	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year) 2-1-37 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Smithfield Va

FATHER

13. NAME Wm H. Parker

14. BIRTHPLACE (city or town) (State or country) Smithfield Va

MOTHER

15. MAIDEN NAME Carrie Pinnegar

16. BIRTHPLACE (city or town) (State or country) Smithfield Va.

17. INFORMANT Paul A. Parker
(Address) 1700 E. Eager St.

18. BURIAL, CREMATION, OR REMOVAL
Place Smithfield Va Date 2-12 19 37

19. UNDERTAKER Robt. Wilkins
(Address) 1515 McElderry St

20. FILED ..... 19 ..... Registrar.

FEB 10 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to ..... death on the day stated above 6 45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st Burns 3rd degree Face & Hands, Shoulders, Feet & Legs	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? acc Date of injury 2-1 1937
Where did injury occur? Bethlehem Steel Co Sparrows Point Md
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Bethlehem Steel Co
Manner of injury while dumping molten steel
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) C. Irvin Cornez M. D. Coroner
(Address) 215 Hanover

OCCUPATION is very important. See instructions on back of certificate.

F 32212

32212 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

107-a

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hosp. Ward) 25-6
Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Alma Cunningham
If U.S. Veteran specify WAR .....

(a) Residence: No. 3301 Vera St. Falifield, Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/27/36

7. AGE	Years	Months	Days	If LESS than 1 day.... hrs. or .... min.
		5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) MARYLAND

FATHER
13. NAME Clark Cunningham
14. BIRTHPLACE (city or town) (State or country) MD.

MOTHER
15. MAIDEN NAME Mildred Hearn
16. BIRTHPLACE (city or town) (State or country) MD

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Calvary Cem. Date Feb 10 1937

19. UNDERTAKER Robert W. Millsmore
(Address) 15-16 McElderry St.

20. FILED Feb 10 1937 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1937 to Feb 7, 1937
I last saw her alive on Feb 7, 1937 Death is said to have occurred on the date stated above, at 3:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
BRONCHOPNEUMONIA RT. APEX + LEFT LOWER LOBE	2/1/37

Other contributory causes of importance:

Was an operation performed? No Date of .....
For what disease or injury? .....
What test confirmed diagnosis? Clin Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Roland E. Bieren M. D.
(Address) University Hospital

32213 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 32213

CERTIFICATE OF DEATH

157-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers Hospital, Ward) 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Irvin Henry

If U.S. Veteran specify WAR .....

(a) Residence: No. Catonsville, Md St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of infant

6. DATE OF BIRTH (month, day, year) Feb 3, 37

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Irvin Smoot

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Pauline E. Henry

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Pauline Henry

(Address) Catonsville, Md

18. BURIAL, CREMATION, OR REMOVAL

UNIVERSITY MEDICAL SCHOOL FEB 10 1937 19

19. UNDERTAKER COMMISSIONER OF HEALTH

(Address) Per H. A. Moore

20. FILED 19 Registrar

10 1937 2985

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 9 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-3-37 19..... to 2-9 ....., 1937

I last saw him alive on 2 - 9 ....., 19 37. Death is said to have occurred on the date stated above, at 12:10 m.

The principal cause of death and related causes of importance were as follows:

malformation of throat, absence of epiglottis

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. F. Conway M. D.

(Address) Vol. Hospital

32214 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 32214

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hosp Ward) 5

Registered No. 12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. 10 mos. 19 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Mrs Helen J. Woodall

If U.S. Veteran specify WAR ...

(a) Residence: No. 3931 Ridgewood Avenue St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of R. Earl Woodall

6. DATE OF BIRTH (month, day, year) Mar. 20. 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	38	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Monroe-Michel Add'l

10. Date deceased last worked at this occupation (month and year) Sept 1936

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William L. Steinacker

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Elizabeth Heisler

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

17. INFORMANT Marie F. Fellner

(Address) 4004 Duvall Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb. 11 1937

19. UNDERTAKER Mr. Mrs. John W. Deufel & Son

(Address) 801 W. Lafayette Ave.

20. FILED FEB 13 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-9-37. 19

22. I HEREBY CERTIFY, That I attended deceased from 12-9-36. 19... to 2-9-37. 19...

I last saw her alive on 2-8-37. 19... Death is said to have occurred on the date stated above, at 12.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease, mitral stenosis & insufficiency	Unknown

Other contributory causes of importance:

Was an operation performed? NO Date of ...

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —. 19 —

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) Louis J. Kurtz M. D.

(Address) South Balto. Gen. Hosp

F 32215

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

Registered No. 5

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Allen Frean

(a) Residence: No. 1800 Eutaw Place Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/10/37

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1 mo 3 wks	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, saw-yer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph Frean
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Esther Schaub
16. BIRTHPLACE (city or town) (State or country) Wis.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Dover Del Date Feb 9th 1937

19. UNDERTAKER Geo M. Frank & Son
(Address) 811 N Howard St

20. FILED 2-10-1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb-9 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2 1937 to Feb. 9 1937
I last saw him alive on Feb 9 1937 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Congenital Heart disease~~ Congenital malformation of heart.	1-10-37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify

(Signed) Wm. C. Stiffler Jr. M. D.
(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

32216 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 32216

CERTIFICATE OF DEATH 20908

Registered No. 2-2131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .

2. FULL NAME John Edward Thorn

(a) Residence: No. 1142 Washington Blvd. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie

6. DATE OF BIRTH (month, day, year) 6-23-1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Michael

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Isabel Smith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto. City Hospts
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date 2/13 1937

19. UNDERTAKER Edward Foulson
(Address) 2339 Wash. Blvd

20. FILED 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-8 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-7 1937 to 2-8 1937

I last saw him alive on 2-8 1937 Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 days
Other contributory causes of importance: Arteriosclerotic Nephritis with Uremia	Unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ranney M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 32217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B F 32217

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp St., 4 2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles F. Schneider

If U.S. Veteran specify WAR

(a) Residence: No. Ferndale Road St., Ferndale Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Carolyn L. Schneider

6. DATE OF BIRTH (month, day, year) Sept. 4 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Postal Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Govt

10. Date deceased last worked at this occupation (month and year) Jan 29 1936

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Schneider

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Katherine Muenchmeyer

16. BIRTPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Carolyn Schneider (Address) Ferndale Md

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 2/13 1937

19. UNDERTAKER Wm. J. Rahe & Co. (Address) 1711 E. Baltimore St.

20. FILED FEB 10 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1937 to Feb 10, 1937

I last saw h alive on Feb 10, 1937. Death is said to have occurred on the date stated above, at 1:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	?
Myocardial Failure	2-7-37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard B. Ward M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32218

CERTIFICATE OF DEATH

51-C F 32218

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Hilleary & Caton Aves. St., 25-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. George W. Eliason

If U.S. Veteran specify WAR .....

(a) Residence: No. Centerville Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

3a. If ~~married~~ widowed, ~~or divorced~~ HUSBAND of (or ~~WIFE of~~) Annie M. Eliason

6. DATE OF BIRTH (month, day, year) Sept 25th 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
85	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Merchant,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Middletown Delaware

FATHER

13. NAME John A. Eliason

14. BIRTHPLACE (city or town) (State or country) Middleton Del

MOTHER

15. MAIDEN NAME Eleanor Frazier

16. BIRTHPLACE (city or town) (State or country) Middleton Del

17. INFORMANT H. C Legg (Address) Centerville Md

18. BURIAL, CREMATION, OR REMOVAL Fair Point Boat Date 2/10 1937

19. UNDERTAKER Williams Cook (Address) 1217 St Paul Street

Filed FEB 10 1937 Huntington Feldmeyer, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-9- 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-8- 1937 to 2-9 1937

I last saw him alive on 2-9- 1937 Death is said to have occurred on the date stated above, at 3.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anuria - Acute Retention	
Carcinoma Prostate.	?
Other contributory causes of importance:	

Was an operation performed? Yes Date of 2-8-37

For what disease or injury? Urinary Retention.

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lawrence J. Shumaker M. D.

(Address) St Agnes Hospital

32219

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32219

CERTIFICATE OF DEATH

27-893-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 626 Woodbourne Ave St., 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. 4 mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Leonidas Hart Edmonston

If U. S. Veteran specify WAR .....

(a) Residence: No. 626 Woodbourne ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced HUSBAND of Ida Poole Edmonston (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 2 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City Employee

10. Date deceased last worked at this occupation (month and year) June 1930

11. Total time (years) spent in this occupation 6 years

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Leonidas Hart Edmonston

14. BIRTHPLACE (city or town) (State or country) Balto, md

MOTHER

15. MAIDEN NAME Ida Poole

16. BIRTHPLACE (city or town) (State or country) Balto md

17. INFORMANT H H Edmonston

(Address) 626 Woodbourne ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Feb 11 1937

19. UNDERTAKER Henry Jenkins & Co.

(Address) Eutaw & Mc Culloh Sts

20. FILED FEB 12 1937 [illegible] Registrar.

B

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1937, to Feb 9, 1937.

I last saw him alive on Feb 9, 1937. Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis — Senility —	2 Mo.
Other contributory causes of importance:	
Bronchitis —	1 Mo.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) D. Floyd Johnson M. D.

(Address) Catonsville

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32220

CERTIFICATE OF DEATH

93-E F 32220

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 S. Wolfe St. St. 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Kantorski

(a) Residence: No. 404 S. Wolfe St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Kantorski

6. DATE OF BIRTH (month, day, year) Oct. 18 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	8	20 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife 60

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Lewadowski

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unkown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Theresa Kantorski (Daughter)
(Address) 404 S. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Cem Date Feb 12 1937

19. UNDERTAKER Lilly & Zeiler, INC.
(Address) 403 Hulsby St

FEB 10 1937 FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1937 to Feb 9 1937

I last saw her alive on Feb 8 1937. Death is said to have occurred on the date stated above, at 3 40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 5 37
Other contributory causes of importance: Myocarditis	1930 ?
Arteriosclerosis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) George J. Wilson M. D.

(Address) 421 Patterson Park Ave

V8 3

F 32221

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32221

CERTIFICATE OF DEATH

17803

1-282-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St.) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Baker

(a) Residence: No. 308 S. Wolfe Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 10-20-1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	4 3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Herman Baker

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Louise ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Balto. Cem. Date Feb 12 19 37

19. UNDERTAKER Tilly & Zeilenga

(Address) 42 E Fayette

20. FILED , 19 Registrar

B 1 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-10, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-9, 1936 to 2-10, 1937

I last saw h. 1.0 alive on 2-10, 1937 Death is said to have occurred on the date stated above, at 5:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2-9-37
Other contributory causes of importance:	
Cerebral Hemorrhage (Acc)	Unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John L. Ramey M. D.

(Address) Baltimore City Hospitals

32222

HEALTH DEPARTMENT—CITY OF BALTIMORE

32222

CERTIFICATE OF DEATH

95-13

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME George Lang

(a) Residence: No. 1011 E. Monument St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hardwood Finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Records of Balto. City Hospts. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cem. Date Feb 10/37

19. UNDERTAKER C. C. Meffley & Son (Address) 2334 Jefferson St.

10 1937 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-9 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-18 1936 to 2-9 1937

I last saw h~~im~~alive on 2-9 1937 Death is said to have occurred on the date stated above, at 1½ a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular disease	1 yr.
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, what

(Signed) W. H. Hoffacker M.D.

(Address) Balt. City Hosp.

Cor.—12-9-25—A Co.—200 Bks.

F 32223

32223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 131

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph's Hosp. 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Selma A. French

(a) RESIDENCE NO. 4 Delight Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John R. French

6 DATE OF BIRTH (month, day, and year) Aug. 4 - 1890

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	46	6	3 4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Meyer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not Known

14 Informant Mrs. Melvin Long

(Address) 4 Delight Ave.

15 [illegible] 1937 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/8 1937

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis (Undetermined origin)

(duration) yrs. mos.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos.

(Signed) Paul Schreiber M.

(Coroner)

, 19 (Address) 1912 E. Baltr Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Mem. Date of Burial Feb. 11 19

20 UNDERTAKER E. Mathias & Son ADDRESS 2334 [illegible]

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32224

32224 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

107-a

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Virma D. McIntyre

(a) Residence: No. 108 E. Read St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George

6. DATE OF BIRTH (month, day, year) 11/29/1844

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92	2	11 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME John Griffith

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Susan ? Elvira Kinnon

16. BIRTHPLACE (city or town) ? Md
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cemetery Date 2/11 1937

19. UNDERTAKER Wilhelm & Son
(Address) 121 E. Pratt St

20. FILED 19 1937 Huntington, Filing Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-8, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-13, 1932 to 2-8, 1937

I last saw h[illegible] alive on 2-8, 1937 Death is said to have occurred on the date stated above, at 5:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	2-4-37
Other contributory causes of importance: Senility	unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospital

VS 3

F 32225

32225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 12-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 5 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Josephine Bisen Kemp

(a) Residence: No. Pikesville Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ernest E Kemp

6. DATE OF BIRTH (month, day, year): Dec 27 1878

7. AGE: Years 58 | Months 1 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House 0070

10. Date deceased last worked at this occupation (month and year): Jan 1937

11. Total time (years) spent in this occupation: 36

12. BIRTHPLACE (city or town) (State or country): Switzerland

FATHER

13. NAME: Joseph Bisen

14. BIRTHPLACE (city or town) (State or country): Switzerland

MOTHER

15. MAIDEN NAME: Marie Sonny

16. BIRTHPLACE (city or town) (State or country): Switzerland

17. INFORMANT: Ernest Kemp (Address) Brooklyn Md

18. BURIAL, CREMATION, OR REMOVAL: Place London Park Date 2/13 19 37

19. UNDERTAKER: W McCoy (Address) 1219 E Cold St

10 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 25, 1937, to February 9, 1937

I last saw her alive on February 9, 1937 Death is said to have occurred on the date stated above, at 8 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, rectum	
Other contributory causes of importance: Rheumatic heart disease	2/8/37
Acute cardiac dilatation	2/8/37

Was an operation performed? Yes Date of January 28, 1937

For what disease or injury? Carcinoma of rectum

Name of operation Miles Operation

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Philip F. Franklin M. D.

(Address) Union Memorial Hospital

VO 3

F 32226

32226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 20536

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 4-Dun Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1921 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Downing

(a) Residence: No. 667 Vine St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
C F	Female C.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) 12-25-1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Addison Hardy

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Linar Hayes

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 2-11 1937

19. UNDERTAKER Charles Alexander
(Address) 1d [illegible] McCulloh St

20. FILED [illegible] Registrar.

LD 1831

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-9 ; 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-23 1937 to 2-9 1937

I last saw h[illegible] alive on 2-9 1937 Death is said to have occurred on the date stated above, at 7.50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular Renal Disease	Duration Unk

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify NO

(Signed) [signature] M. D.

(Address) Baltimore City Hospitals

F 32227

F 32227 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 Montpelier St. St. 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Martha E. Coleman

(a) Residence: No. 1702 Montpelier St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Willard F. Coleman

6. DATE OF BIRTH (month, day, year) December 28, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Lynchburg Va.

FATHER

13. NAME: Jerome Wheeler

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Elizabeth Claypole

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Mr. Willard F. Coleman

(Address) 1702 Montpelier St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Feb. 11, 1937

19. UNDERTAKER Joseph B. Cook

(Address) 1007 W. Baltimore St.

20. FILED FEB 10 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1936, to Feb. 8, 1937. I last saw her alive on Feb. 7th, 1937. Death is said to have occurred on the date stated above, at 6.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1935
Dilatation of heart	1936
Other contributory causes of importance:	

Was an operation performed? no Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Leonard A Baash M. D.

(Address) 2229 St. Paul St.

Spec.—9-30—A. & Co.—250 Blks.

✓ F 32228

32228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

125 B

1-PLACE OF DEATH Franklin Square Hospital

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... ST. 23-1 WARD)

2-FULL NAME Myrtle Pfeifer Myrtle M. Pfeifer

(a) RESIDENCE NO. 108 N. Ostend ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) October 14, 189[illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Hirshberg Paint Co

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER George Pfeifer

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Lillian M. Varina

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mrs. Eva Schuerholz
(Address) 108 N. Ostend St.

15 [illegible] Huntington Village [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/10/37

17
I HEREBY CERTIFY, That I attended deceased from 1/28, 1937, to 2/10, 1937
that I last saw h[illegible] alive on 2/10, 1937
and that death occurred, on the date stated above, at 9.30 A. m.

The CAUSE OF DEATH* was as follows:
Arteriosclerotic myocarditis with myocardial failure.
over

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Generalized arteriosclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted ?
If not at place of death?

Did an operation precede death? Yes Date of 2/6/37

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) D. T. Bathgate M. D.

2/10 1937 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Feb. 13 1937

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 W. Baltimore St.

IMPORTANT. See instructions on back of certificates.

M. D. B 1268-9

F 32229

32229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90-b 92-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.,..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Charles E. Thielbahr

(a) Residence: No. 13 N. Hilton St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 16, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Butler Bros.

10. Date deceased last worked at this occupation (month and year) February, 6, 1937

11. Total time (years) spent in this occupation 1 yr.

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME John D. Thielbahr

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Theresa Musgrove

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mr. John D. Thielbahr
(Address) 13 N. Hilton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Feb. 10 1937

19. UNDERTAKER Joseph P. Cook
(Address) 1005 W. Baltimore St.

20. Filed ... Registrar.

LV 7937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilitation	
Myocarditis	
Endocarditis	

Other contributory causes of importance: None

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. E. Wallace M. D.
Coroner

(Address) 1051 St. Paul St.

OCCUPATION IS very important. See instructions on back of certificate.

32230 ✓ F 32230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1003 Somerset St. St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George H. Vogt.

If U. S. Veteran specify WAR

(a) Residence: No. 1003 Somerset St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Wilhelmina Vogt

6. DATE OF BIRTH (month, day, year) Feb. 11-1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Annie Wolfe

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Wilhelmina Vogt

(Address) 1003 Somerset St.

18. BURIAL, CREMATION, OR REMOVAL Forwood

Place Prospect Hill Cem. Date Feb 11, 1937

19. UNDERTAKER Wm Cook

(Address) 1214 E. Fayette St.

20. FILED Feb 13 1937 Attest for Wilhelmina Vogt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1919 E. North Ave.

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. B 1268-9

F 32231

32231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 543 N. Fulton St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert C. Sadler

If U. S. Veteran specify WAR .....

(a) Residence: No. 543 N. Fulton Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Stella Sadler

6. DATE OF BIRTH (month, day, year) April 6, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice Cream Manufacturing

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Robert Sadler

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Anderson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs Stella Sadler (Address) 543 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Lebanon Date Feb 11 1937

19. UNDERTAKER George L. Schmidt (Address) 2101 Pennsylvania Ave

FILED FEB 11 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above; held an ..... thereon and from the evidence obtained by said ..... find that said deceased came to death on the day stated above. 9.40 P.M.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto Carver M. D. Coroner

(Address) 815 Hanover

OCCUPATION is very important. See instructions on back of certificate.

F 32232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3725 Fifth St. Brooklyn, Md. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 7 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna S. Scott.
If U. S. Veteran specify WAR

(a) Residence: No. 3725 Fifth St., Brooklyn, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isiah M. Scott.

6. DATE OF BIRTH (month, day, year) Feb 6, 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month, year) 1930
11. Total time (years) spent in this occupation 50 years

12. BIRTHPLACE (city or town) (State or country) Highland Howard Co., Md.

FATHER

13. NAME James Philip Jenkins
14. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

MOTHER

15. MAIDEN NAME Delphena L. Lee
16. BIRTHPLACE (city or town) (State or country) Colesville Montgomery Co., Md.

17. INFORMANT Mrs. R. E. Lee
(Address) 3725 Fifth, St. Brooklyn, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Louis, Howard Co. Date Feb. 11 1937

19. UNDERTAKER Thomas W. Pangleton
(Address) Glen Burnie, Md.

20. FILED FEB 11 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/27/37 to 2/8/37
I last saw h.e.r alive on 2/7 1937. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	
Arteriosclerosis	
Chronic Interstitial Nephritis	

Other contributory causes of importance:

Hypostatic Pneumonia	2 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John [illegible] M. D.
(Address) Glen Burnie, Md.

OCCUPATION IS ONLY important for persons 10 years of age or over.

VS 3

M. D. B 1268-9

32233

HEALTH DEPARTMENT—CITY OF BALTIMORE

32233

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No.) St., 16-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Quent

If U. S. Veteran specify WAR .....

(a) Residence: No. 794 Granby St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Mamie H. Quent

6. DATE OF BIRTH (month, day, year) Oct. 30 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frank Quent

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Victoria Schairer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Mamie H. Quent

(Address) 794 Granby St.

18. BURIAL, CREMATION, OR REMOVAL

Place Westview Cem Date Feb 11 37

19. UNDERTAKER Albert W Carey

(Address) 446 E North Ave

20. FILED FEB 12 1937 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to ..... death on the day stated above. 5-45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet wound in abdomen and perforation of intestines	
Other contributory causes of importance:	
Acute Peritonitis	

Was an operation performed? yes Date 2/6/37

For what disease or injury? to find bullet wound

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? homicide Date of injury 2/6/ 1937

Where did injury occur? 794 Granby St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In house

Manner of injury shot with pistol

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Ham Carey M. D. Coroner

(Address) 1216 Hanover

OCCUPATION is very important. See instructions on back of certificate.

32234

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32234

CERTIFICATE OF DEATH

V 84-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Presbyterian Hospital Ward) 8-7

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Francis Williams

(a) Residence: No. 1424 N. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 20 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Franklin Pa

FATHER

13. NAME Frank R. Williams

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

MOTHER

15. MAIDEN NAME Lena Wright

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Frank R. Williams
(Address) 1424 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date Feb 12 37 19

19. UNDERTAKER Albert W. Gregory
(Address) 440 E North Ave

19a. FILED FEB 11 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1937 to Feb. 10 1937

I last saw h[illegible] alive on Feb. 10 1937 Death is said to have occurred on the date stated above, at 8.30 a.m.

The principal cause of death and related causes of importance were as follows:

Spinal Meningitis — Date of onset 2-9-37

over

Other contributory causes of importance:

Acute Mastoiditis, Left

Was an operation performed? Yes Date of Feb. 9 1937

For what disease or injury Relief of meningitis

Name of operation Simple Mastoid autopsy Date of 2-9-37

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) G. N. Shuff M.D.

(Address) 1017 E. Baltimore St.

M. D. B 1268-0

F 32235 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32235

CERTIFICATE OF DEATH ✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 749 McHenry St. 21-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Isaac Feldman

(a) Residence: No. 749 McHenry St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Estelle Feldman

6. DATE OF BIRTH (month, day, year) Oct 15 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building - Carpentry work

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham Feldman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Libby Feldman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Sarah Greenfeld

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship's Date Feb 11 1937

19. UNDERTAKER Sol Levinson & Bro

Address 2327 E Baltimore St

20. FILED FEB 11 1937 [illegible] (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1937 to Feb 10 1937

I last saw h. in alive on Feb 1 1937 Death is said to have occurred on the date stated above, at 5:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	?
Other contributory causes of importance:	
Lobar pneumonia	2-8-37

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ^ Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) B. Kadin M. D.

(Address) 2306 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

F 32236

32236 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓ 174

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry Matthews

(a) Residence: No. 916 Northampton Court Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Matthews

6. DATE OF BIRTH (month, day, year) 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W.P.A.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard County Md

FATHER

13. NAME Henry Matthews

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Grafenfield

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Elizabeth Matthews

(Address) 916 W Lemmon Balto

18. BURIAL, CREMATION, OR REMOVAL

Place Woodland City Date 2/11 1937

19. UNDERTAKER James M. Skinner

(Address) 1120 Druid Hill Ave

20. FILED ..... 19 ..... Registrar

2-11 1937 Washington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & autopsy and from the evidence obtained by (Inquest, Autopsy or Inquiry) inquest & autopsy that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis following Stab wound of abdomen & intestines	Feb 6 1937

Other contributory causes of importance:

Was an operation performed? yes Date of Feb 7-37

For what disease or injury? Stab wound

Name of operation Open & Repair intestines Date of 2-7-37

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Homicide Date of injury 2-6, 1937

Where did injury occur? resident Female Ward Balto
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Stab wound of abdomen

Nature of injury Caused by knife (pocket)

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Geo. S. Allen, M. D.

(Address) 550 S Arlington Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 32237

F 32237 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Siani Hosp. St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.

2. FULL NAME Virginia Marshall

(a) Residence: No. 67 Tinsley Rd St., Ward. Dundalk Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jesse C. Marshall

6. DATE OF BIRTH (month, day, year) Dec 16 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	1	20 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Fredrick Smith

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Mary Wilson

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Jesse C. Marshall

(Address) 67 Tinsley Rd Dundalk

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 2/11 19 37

19. UNDERTAKER Philip Herring Sons

(Address) 2 N Orleans St

FILED FEB 11 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7 19 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber M. D.
Coroner

(Address) 1919 E. North ave

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

F 32238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 32238

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. ..... St. 17-3 Ward)

Registered No. 131
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. 11 mos. 22 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alfred A. Clark

(a) Residence: No. 329 E. 25th Street St., Ward. 7th Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara

6. DATE OF BIRTH (month, day, year) Feb 18, 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48 yrs.	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Clark

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Hattie Hinder

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Feby 11 1937

19. UNDERTAKER John A. Mitchell Sons
(Address) 1900 Eutaw Place

Huntington Williams, M.D.

20. FILED
11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9. 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6 1937 to Feb. 9 1937

I last saw him alive on Feb 9 1937. Death is said to have occurred on the date stated above, at 11.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Vascular Disease	1932
Chronic Vascular Nephritis	1934

Other contributory causes of importance:

Uremia	Jan 1937

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Roulain C. Blount M. D.
(Address) Johns Hopkins Hosp.

32239

F 32239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 St Barnabas ..., 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Blanche Rudgers

(a) Residence: No. 910 St. Barnabas ..., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
41 and 28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housemaid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Montgomery Co. Md.

FATHER

13. NAME Walter Augustus Rudgers

14. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

MOTHER

15. MAIDEN NAME Martha

16. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

17. INFORMANT Mildred Rudgers

(Address) Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Feb 13th 1937

19. UNDERTAKER Elroy O Wilson

(Address) 1000 Eutaw Place

20. FILED FEB 11 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Thomas Carney M. D. Coroner

(Address) 1216 Hanover

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 32240

32240 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

17-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 Myrtle Ave St. ..... Ward)

Length of residence in city or town where death occurred 4/12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Roosevelt Dailey Jr.

(a) Residence: No. 402 Myrtle Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 19, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER

13. NAME Roosevelt Dailey

14. BIRTHPLACE (city or town) ..... Md.
(State or country)

MOTHER

15. MAIDEN NAME Dortha Robinson

16. BIRTHPLACE (city or town) ..... Md.
(State or country)

17. INFORMANT Roosevelt Dailey
(Address) 402 Myrtle Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Feb [illegible] 36 19

19. UNDERTAKER Percy O Wilson
(Address) 1301 Pennsylvania Ave.

20. FILED FEB 11 1937 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9, 1937 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congental Malformation Heart	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, state how .....

(Signed) [illegible] Coroner . M. D.

(Address) 2757 W. Mt. [illegible]

OCCUPATION is very important. See instructions on back of certificate.

32241 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 32241

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Provident Hospital 21-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alberta Davis — If U.S Veteran specify WAR .....

(a) Residence: No. 305 O'Herbein St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private family
10. Date deceased last worked at this occupation (month and year) 30 yrs
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME Edward Davis
14. BIRTHPLACE (city or town) (State or country) Leon Hill Md

MOTHER
15. MAIDEN NAME Margaret Lebosgle
16. BIRTHPLACE (city or town) (State or country) Leon Hill Md

17. INFORMANT Ed. Davis
(Address) 101 4 Shields Place

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Feb 11th 1937

19. UNDERTAKER Elroy O Wilson
(Address) 1005 Brantley ave

20. FILED ..... 19 ..... Registrar

FEB 11 1937 Attending Physician for Registrant, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2. 7. 1937

22. I HEREBY CERTIFY, That I attended deceased from 2. 2. 1937 to 2. 7. 1937
I last saw her alive on 2. 7. 1937 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular renal disease	1931?
Other contributory causes of importance: Malaria (suspected on Pelham)	?

Was an operation performed? No Date of —
For what disease or injury? .....
What test confirmed diagnosis? Clinical + microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James F. Carey M. D.
(Address) 515 Mosher St

32242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82aF 32242

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U M Hospital St. 12-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME M. Harry E German

If U. S. Veteran specify WAR

(a) Residence: No. 35 Willow Ave Towson St., Ward. Towson, Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen German

6. DATE OF BIRTH (month, day, year) Jan. 20-1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Thomas Mfg Co

10. Date deceased last worked at this occupation (month and year) 1/21/37

11. Total time (years) spent in this occupation 38 Yrs

12. BIRTHPLACE (city or town) (State or country) Towson Md

FATHER

13. NAME Henry German

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Harriett Howard

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Arthur E. G. German 540 Park Av Towson Md

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Hill Towson Date 2/13 1937

19. UNDERTAKER (Address) William Cook 1217 St Paul Street

20. FILED 19 Winston Williams

FEB 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1937 to Feb 11 1937

I last saw him alive on Feb 10 1937 Death is said to have occurred on the date stated above, at 7 21 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	Jan 21 (37)
Cerebral Hemorrhage	Jan 21 (37)
Other contributory causes of importance: Myocardial failure	Jan 1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Clayton Finch M. D.

(Address) Union Memorial Hosp.

M. D. B. 1268-9

F32243

F 32243

HEALTH DEPARTMENT—CITY OF BALTIMORE

32243

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hos. St. 12-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lewis Ashton Edwards If U. S. Vet. specify War No Record

(a) Residence: No. 424 Whitridge St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nannie

6. DATE OF BIRTH (month, day, year) Sept 8 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Nellie Brown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Emma V. Yatt

(Address) 619 Melville ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Ft Lincoln Date 2/13 1937

19. UNDERTAKER Fulton Funeral Home

(Address) 1217 E Baltimore St

20. FILED Huntington Williams Registrar

FEB 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular sclerosis	

Other contributory causes of importance: Uremia & Cardiac failure

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. M. Wright Coroner M. D.

(Address) 1010 S. Stricker St

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

32244 F 32244

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1735 Hollins St. 19-L Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Virginia Lee Greenebaum

(a) Residence: No. 1735 Hollins St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 25 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Haddock

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Ellen Pledge

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Blanche Ahern
(Address) 1735 Hollins St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb 11 1937

19. UNDERTAKER J. Vernon Redman
(Address) 230 E Edmondson Ave

20. FILED ... 19 ... Registrar.

FEB 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9 1937.

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1937 to Feb 9 1937

I last saw h.r alive on Feb 8 1937. Death is said to have occurred on the date stated above, at 1 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 30 1937
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Albert Sonnetti M. D.

(Address) 1729 W Lombard St

F 32245

F 32245 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital) (Ward) 82 W

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Randolph

If U. S. Veteran specify WAR

(a) Residence: No. 1317 Madison Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Randolph

6. DATE OF BIRTH (month, day, year) Oct 10-1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Cleveland Walker

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Walker

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. Randolph

(Address) 1317 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date 2/13/ 1937

19. UNDERTAKER Frances A Hemsley

(Address) 2220 Riddle St.

20. FILED FEB 11 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9 , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Apoplexy	Feb 9 (1937)

Other contributory causes of importance: None

Was an operation performed? No Date of

For what disease or injury? No

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.
Coroner

(Address)

OCCUPATION IS VERY important. See instructions on back of certificate.

V S 6

32246

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32246

CERTIFICATE OF DEATH

23

Registered No. 23-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

(19871)

If U. S. Veteran specify WAR .....

2. FULL NAME Madeline Martin

(a) Residence: No. 30 W. Cross St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 18, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25		21 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework 20

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Dela Johnson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Feb 11 1937

19. UNDERTAKER James A. Hayes Funeral Director
(Address) 1600 Washington Ave, Balto, Md.

FEB 11 1937

(Lefty)

V9 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 24, 1936 to February 8, 1937

I last saw him alive on February 8, 1937 Death is said to have occurred on the date stated above, at 7:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1936

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Wm H. Feldman M. D.

(Address) Baltimore City Hospitals

F 32247 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32247

CERTIFICATE OF DEATH

46-F

1. PLACE OF DEATH St. Agnes' Hospital, Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens + Caton Aves. St. 16-8 Ward)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth 76 yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Mrs. Lena Schmunke,

(a) Residence: No. 605 Mount Holly St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry J Schmunke

6. DATE OF BIRTH (month, day, year) August 10 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Germany

FATHER

13. NAME George Baumann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Krouse

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Herbert Schmunke

(Address) 605 Mt Holly

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cem Date 2/13/37

19. UNDERTAKER George A Fuhrman

(Address) Fulton & Fayette

20. FILED 2/13/1937 Huntington Williamson, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-10-1937

22. I HEREBY CERTIFY, That I attended deceased from 1-27-1937 to 2-10-1937

I last saw her alive on 2-10-1937 Death is said to have occurred on the date stated above, at 4.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma cervicis uteri	Jan. '37 (?)
Adenocarcinoma with cholelithiasis	
Post-operative shock	
Other contributory causes of importance: Diabetes mellitus	

Was an operation performed? Yes Date of 2-9-37

For what disease or injury? cholecystitis

What test confirmed diagnosis? Clin. Oper. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) C. Williamson, M. D.

(Address) St Agnes Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

32248

CERTIFICATE OF DEATH

23 F 32248

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward 16-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Hill (18969)

If U. S. Veteran specify WAR

(a) Residence: No. 1112 Stricker St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 30, 1922

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Samuel Hill

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Marie Buchanan

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Cem. Date 2/12 37

19. UNDERTAKER Thomas E. Nelson

(Address) 1303 Presstman St.

FEB 11 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 9, 37

22. I HEREBY CERTIFY, That I attended deceased from November 24, 1936 to February 9, 1937

I last saw him alive on February 9, 1937. Death is said to have occurred on the date stated above, at 2:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Aug 1936
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lew H. Feldman M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

VS 3

Thomas E. Pullman, M.D.

32249 F 32249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 247 So. Durham St., 2-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harriett Parker

(a) Residence: No. 247 So. Durham St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Parker

6. DATE OF BIRTH (month, day, year) — 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

FATHER

13. NAME Waters Brown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Carrie Williams
(Address) 247 So Durham St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 2-12-1937

19. UNDERTAKER Byron & Marie St. Wright
(Address) 1281 McCulloh St

20. FILED FEB 11 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-9 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-1 1936 to 2-9 1937

I last saw her alive on 2-9 1937. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	10/1/36

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? no

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. S. Allen M. D.

(Address) 50 S Eutaw St.

32250 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 32250

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1029 W Lanvale St Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward S Dyson.

(a) Residence: No. 1029 W Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sadie Dyson

6. DATE OF BIRTH (month, day, year) June 22-1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sparrows Point Md

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Berkley Port Va

FATHER

13. NAME Leroy Dyson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Annie Hall

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Sadie Dyson

(Address) 1029 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Mem Park Date 2-12 1937

19. UNDERTAKER Mrs Ethel G. Bayley

(Address) 1421 Jefferson St

20. FILED FEB 11 1937 Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 30 1936 to Feb 9 1937

I last saw h[illegible] alive on Feb 8 1937 Death is said to have occurred on the date stated above, at 7.15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Myocarditis	Mar 20 1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? No

What test confirmed diagnosis? Hertz Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Geo. F. Cullen M. D.

(Address) 507 Marquette Rd

M. D. B. 1268-9

32251

F 32251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St.) 8-7 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs.....mos.....ds. How long in U. S. If of foreign birth? .....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lenora Cox

(a) Residence: No. 1406 N. Chester St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mrs. Marlock

(Address) 1408 N. Chester St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date Feb. 11, 37

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) 403 S. Wolfe St.

20. FILED Feb 11 1937 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9 , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. W. Wright M. D. Coroner

(Address) 1010 S. Edmondson Ave.

F 32252

32252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Epps

(a) Residence: No. 1112 Leadenhall St. St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE~~ of) Mary Epps

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Charles Epps

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Betty Hawkins

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Mary Epps

(Address) 1112 Leadenhall St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Zion Date Feb 14th, 1937

19. UNDERTAKER Josiah A. Lively

(Address) 1191 Mount Street

20. FILED Feb 15 1937, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/9/, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest I find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Rhenber, M. D. Coroner

(Address) 1919 E. North Ave.

OCCUPATION IS VERY important. See instructions on back of certificate.

V S 6

A&Co. 5-31 250B

32253

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32253

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Good Shepherd Hospital (St., ... Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel A. Wise

(a) Residence: No. 409 N. Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Wh | 5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Effie M. Wise

6. DATE OF BIRTH (month, day, year): Nov 11-1878

7. AGE: Years: 58 | Months: 9 | Days: 28 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country): Accomac Co Va

FATHER
13. NAME: Samuel A. Wise
14. BIRTHPLACE (city or town) (State or country): Accomac Co Va

MOTHER
15. MAIDEN NAME: Lydia Mason
16. BIRTHPLACE (city or town) (State or country): Accomac Co Va

17. INFORMANT: Effie M. Wife
(Address) 409 N. Mount St

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date Feb 11 1937

19. UNDERTAKER: Joseph A. Lisby
(Address) 1699 Mount street

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1936 to Feb 9 1937

I last saw him alive on Feb 9 1937 death is said to have occurred on the date stated above, at 6.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio nephritis	?
Hypostatic	1

Other contributory causes of importance:
Paralysis

Name of operation: None Date of: ...
What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) S. B. Hughes M. D.
(Address) 413 Druid Hill Ave

F 32254

32254 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

148

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hospital (ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lucy Scarborough
If U.S. Veteran specify WAR .....
(a) Residence: No. 1213 Etting St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER
13. NAME Horace Scarborough
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER
15. MAIDEN NAME Mary Lawson
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Wm Scarborough 1213 Etting St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Feb. 13, 1937

19. UNDERTAKER (Address) Jesse C. Tedden 456 W. Biddle St

20. FILED FEB 11 1937 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2. 9. 1937

22. I HEREBY CERTIFY, That I attended deceased from 1. 26. 1937 to 2. 9. 1937
I last saw her alive on 2. 9. 1937 Death is said to have occurred on the date stated above, at 2:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix uteri with metastasis to lungs	5. 1936
Other contributory causes of importance: Chronic nephritis	1934

Was an operation performed? No Date of .....
For what disease or injury? .....
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James P. Carey M. D.
(Address) 515 Fulton St

32255 94

✓ F 32255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 47-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 7-5

Length of residence in city or town where death occurred ... yrs. 1 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter Paul Wheaton

(a) Residence: No. 822-27th St- Huntington W-Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Zalena Mount

6. DATE OF BIRTH (month, day, year) 4/4/09

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & O Shops

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME Herman Wheaton

14. BIRTHPLACE (city or town) (State or country) W. Va

MOTHER

15. MAIDEN NAME Annie Starkey

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records - JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Huntington W. Va. Date Feb. 11, 1937

19. UNDERTAKER Robert P. Mitchell & Sons

(Address) 1400 Eutaw Place

20. [illegible] Registrar

FEB 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1937 to Feb 11, 1937

I last saw him alive on Feb 11, 1937. Death is said to have occurred on the date stated above, at 5:15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung probably arising from a keratosis.	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Carmichael Taylor, M. D.

(Address) Johns Hopkins Hospital

✓ F 32256

32256 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

94-13

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 845 N. Bentalou St., 16-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Alphonsia Sophia Saffah Reed

If U. S. Veteran specify WAR .....

(a) Residence: No. 845 N. Bentalou St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of James A. Reed

6. DATE OF BIRTH (month, day, year) Oct. 24, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Herself

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cordova Talbot County

FATHER

13. NAME Wm T. Callahan

14. BIRTHPLACE (city or town) (State or country) Talbot County

MOTHER

15. MAIDEN NAME Matilda Counceil

16. BIRTHPLACE (city or town) (State or country) Cordova Talbot County

17. INFORMANT James W. Reed

(Address) 2501 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date Feb 12 1937

19. UNDERTAKER Roland L. Fertkler

(Address) 612 N. Monroe St.

20. FILED 11 1937 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9th 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 7th 1937 to Feb 9th 1937

I last saw h[er] alive on Feb 9th 1937 Death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Other contributory causes of importance Arthromatic Bronchitis - Influenza -	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. M. Byerly, M. D.

(Address) 3045 W. North Ave.

F 32257

32257

HEALTH DEPARTMENT—CITY OF BALTIMORE

160-B

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St., 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Baby Fowler

(a) Residence: No. 1293 North Durham St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-11-37

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Andrew Fowler

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Esther Owens

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

JOHNS HOPKINS MEDICAL SCHOOL FEB 11 1937 19

Place Date

Commissioner of Health

19. UNDERTAKER

(Address) Per H. A. Moore

20. FILED 2-11 1937 Huntington Williams M.D.

2068

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-14 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-11 1937 to 1-14 1937

I last saw him alive on 1-14 1937 Death is said to have occurred on the date stated above, at 12 10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Hemorrhage	
Atelectasis of Lungs	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. W. Steinberg M. D.

(Address) The Johns Hopkins Hospital

F 32258

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32258

CERTIFICATE OF DEATH

11-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 530 S. Amon St St. 7 - 3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Michaliza Gutowska

(a) Residence: No. 530 S. Amon St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE Alexander Gutowski

6. DATE OF BIRTH (month, day, year) 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Unk.

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Niewiarowski

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Frank Gutowski
(Address) 530 S Amon St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Feb 12 1937

19. UNDERTAKER Fred W Rasmussen
(Address) 1420 Eastern Ave

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21 1932 to Feb. 10 1937 that I saw h[illegible] alive on Feb. 9 1937 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

Influenza — Date of onset Jan 23
Chronic Enteritis - Colonic
Hypertension
Arterio Sclerosis Heart

Other contributory causes of importance:
Embolism of left leg. Feb 9

Was an operation performed? no Date of .....

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) E J Shaw M. D.

(Address) 716 Cathedral St.

1 1937

F 32259

32259

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital (Ward)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Wladyslaw Kaminski

(a) Residence: No. 1615 Bough St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Stanislawa Kaminska

6. DATE OF BIRTH (month, day, year) June 7, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Kaminski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Stanislawa Kaminski

(Address) 1615 Bough St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Feb. 13 1937

19. UNDERTAKER Fred W. Ozazewski

(Address) 1930 Eastern Ave.

20. FILED ..... 19 .....

FEB 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-10-37. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10 19 37 to Feb. 10, 1937 19 .....

I last saw h[illegible] alive on Feb. 10 1937 19 ..... Death is said to have occurred on the date stated above, at 12 40P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

Diabetes Mellitus

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Michael J. Wiecinski M. D.

(Address) 526 E. Bond St

F 32260

F 32260 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27-13 107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5712 Roland Avenue) (Ward) S

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. -- mos. -- da. How long in U. S. If of foreign birth? -- yrs. -- mos. -- da.

If U. S. Veteran specify WAR

2. FULL NAME Sister Mary Vincent Quinn

(a) Residence: No. 5712 Roland Avenue (Usual place of abode) Ward (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) Dec. 6, 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
85	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland Maryland

FATHER

13. NAME John F. Quinn

14. BIRTHPLACE (city or town) (State or country) ------- Ireland

MOTHER

15. MAIDEN NAME Catherine Quinn

16. BIRTHPLACE (city or town) (State or country) --------- Ireland

17. INFORMANT Mother M. Gertrude Peters

(Address) 5712 Roland Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 2/12 1937

19. UNDERTAKER Henry H. Meaks & Son

(Address) 502 N. Calvert St.

FILED 2-11-1937 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1926 to Feb 9, 1937.

I last saw h.r alive on Feb 9, 1937. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Terminal Bronchopneumonia	2-4-37

Other contributory causes of importance:

Senility

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles O'Donovan, M. D.

(Address) 5712 Roland Ave

32261

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32261

CERTIFICATE OF DEATH

Registered No. 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 34 E Preston St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Goldsborough

If U. S. Veteran specify WAR

(a) Residence: No. 34 E Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed~~ or ~~Divorced~~ (write the word)
Male	White	Single

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) ~~WIFE~~ of

6. DATE OF BIRTH (month, day, year) Dec 25 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Goldsborough

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Galt

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Miss Ellen Lloyd Goldsborough

(Address) 34 E Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Feb 12 1937

19. UNDERTAKER Henry H. Kenly & Co

(Address) 1708 Ed & N. Calvert St

20. FILED ..... 19 ..... Registrar.

FEB 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1933 to Feb 10 1937

I last saw h alive on Feb 1 1937. Death is said to have occurred on the date stated above, at 1 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Feb 10

Other contributory causes of importance:

Chronic Nephritis

Hypertension

Was an operation performed? No Date of No

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Chatard M. D.

(Address) 1300 N. Calvert St

M. D. B 1268-9

✓ F 32262

32262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

207 F

23-11

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital

Length of residence in city or town where death occurred 39 yrs. 7 mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William A. Matthews.

(a) Residence: No. 1535 Marshall St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of Florence Matthews.

6. DATE OF BIRTH (month, day, year) July 6, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bargeman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. Md. R. R. Co.

10. Date deceased last worked at this occupation (month and year) 2/9/37

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George H. Matthews.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Emma E. Moran.

16. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

17. INFORMANT Florence Matthews. (wife)
(Address) 1535 Marshall St.

18. BURIAL, CREMATION, OR REMOVAL
Place Edenhill Date Feb 13 1937

19. UNDERTAKER Chas. L. Burns
(Address) 501 E. Fort Ave.

FILED 11 1937, 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 9, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest found that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	
Other contributory causes of importance: Concussion of Brain	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2-9-37 19

Where did injury occur? Curtis Bay. Wagners Pt.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At industry.

Manner of injury Accidental fall from a tank

Nature of injury car to scow

24. Was disease or injury in any way related to occupation of deceased?
Yes. If so, specify .....

(Signed) Otto M Reinhardt M. D.
Coroner

2/10/37 (Address) 1017 S. Charles St.

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. B 1268-9

F 32263

32263

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3042 O'Donnell St., 1-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louisa Nelson

If U. S. Veteran specify WAR .....

(a) Residence: No. 3042 O'Donnell St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Olaf Nelson

6. DATE OF BIRTH (month, day, year) 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. assist in housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Bullerdeck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Lucy Miller daughter

(Address) 3042 O'Donnell St

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Cem Date Feb. 12 1937

19. UNDERTAKER John C. Miller

(Address) 2403 E. Eager St

Filed Feb 13 1937 Registrar for Vital Statistics

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture left femur	Oct 1 36
Cerebral apoplexy	Jan 30 37
Bronchopneumonia	Feb 2 37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Oct 1, 1936

Where did injury occur? Balto Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home 3042 O'Donnell St

Manner of injury slipped on stairs

Nature of injury fractured femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. M. Wright Coroner, M. D.

(Address) 1010 S. Belnord Ave

F 32264

32264 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eunam Stenner

If U. S. Veteran specify WAR

(a) Residence: No. 681 W Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S —

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of M.

6. DATE OF BIRTH (month, day, year) May 30-1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	8	12 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hartford NC

FATHER

13. NAME Henry S Kenner

14. BIRTHPLACE (city or town) (State or country) NC

MOTHER

15. MAIDEN NAME Mary Lilley

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Jacob S Kenner
(Address) 542 W Preston St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 2/13 19

19. UNDERTAKER Wm L Jackson
(Address) 2116 Penna Ave

20. FILED 1937 Feb 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Feb 7 1937

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jos. S. Allen M. D.
Coroner

(Address) 520 Augusta Ave.

VS 6

F 32265

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32265

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2551 Rabb St., 9-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9½ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred Walter Braddlecomb

If U. S. Veteran specify WAR

(a) Residence: No. 2551 Rabb St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Almeda C Braddlecomb

6. DATE OF BIRTH (month, day, year) May 26, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	8	15	14

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Braddlecomb Son

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Isle of Wight England

FATHER

13. NAME Walter Braddlecomb.

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Treo.

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mary Almeda Harry

(Address) 2551 Rabb St

18. BURIAL, CREMATION, OR REMOVAL

Place Roseland Cem Date 2/13 37
Rockville Va

19. UNDERTAKER Wm Cook

(Address) 1247 at Fremont

20. FILED FEB 13 37

(Signature)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7. 1937 to Feb 10 1937

I last saw him alive on Feb 10. 1937 Death is said to have occurred on the date stated above, at 11.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 Hr
Arterio Sclerosis	2 yr
Hypertension	2 yr
Other contributory causes of importance:	
Old Diverticular Nephritis	2 yr

Was an operation performed? None Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos F A Strums M. D.

(Address) 2878 Hanford Rd

F 32266

32263 5-

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 108

1. PLACE OF DEATH Johns Hopkins Hospital

Registered No.

CITY OF BALTIMORE: (No.) St., 1 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George E. Murray No War Record

(a) Residence: No. Lynch Rd. Sparrows Ward. Pt -

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Edna M. Murray

6. DATE OF BIRTH (month, day, year) 3/16/96

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) x

11. Total time (years) spent in this occupation x

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Columbus Murray

14. BIRTHPLACE (City or town) (State or country) Balto Md -

MOTHER

15. MAIDEN NAME Mary L. Ready

16. BIRTHPLACE (city or town) (State or country) Phila Pa -

17. INFORMANT Records -

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Feb 13th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED FEB 12 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1937 to Feb 11, 1937

I last saw him alive on Feb 11, 1937. Death is said to have occurred on the date stated above, at 9 45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia -	2-5-37

Other contributory causes of importance:

Chronic alcoholism	1920 ?
Epilepsy - Grand Mal	1935 ?

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frederick C. Webster, M. D.

(Address) Johns Hopkins Hospital

FEB 12 1937

F 32267 F 32267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 8

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2109 E. Madison St., 1-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harvey L. Hayward
If U.S. Veteran specify WAR .....
(a) Residence: No. 2109 E. Madison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie C. Hayward

6. DATE OF BIRTH (month, day, year) Sept. 5. 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	5	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cab Driver (Sem)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER
13. NAME George Hayward
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Ada Littrell
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Carrie C. Hayward
(Address) 2109 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 2-12-37

19. UNDERTAKER Albert M. Gregory
(Address) 440 E North Ave

20. FILED FEB 12 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-10-37

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24 1937 to Feb. 10 1937
I last saw him alive on 2-10 1937. Death is said to have occurred on the date stated above, at 1245 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	Jan 24-37
Septic Sore Throat	
Other contributory causes of importance:	
Acute Cardiac Dilatation	1 day

Was an operation performed? No Date of .....
For what disease or injury? .....
What test confirmed diagnosis? Dick Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Mary [illegible] M. D.
(Address) 600 N Bethany Ave

F 32268

32268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 500 E. 27th St., 9-W Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas Franklin Pierce

(a) Residence: No. 500 E. 27th St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Catherine F. Pierce

6. DATE OF BIRTH (month, day, year) June 26, 1858

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	78	7	14 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Robert Dilworth

(Address) 500 E. 27th St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Feb 13. 37

19. UNDERTAKER Albert W Gregory

(Address) 1402 North Ave

20. FILED ..... 19 ..... Registrar.

FEB 13 1937

Dept. of Health, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/10/ , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schenken, M. D.
Coroner

(Address) 1918 E. North Ave.

F 32269

F 32269 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 87-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 N. Kenwood ave St., 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henrietta Boettinger

If U.S. Veteran specify WAR .....

(a) Residence: No. 119 N. Kenwood ave St., 6 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gulian G. Boettinger

6. DATE OF BIRTH (month, day, year) Dec. 14 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86 87	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Jacob Brisch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hattie Bregel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Wm. L. Bardroff

(Address) 119 N. Kenwood ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date 2/12 1937

19. UNDERTAKER John A. Logan

(Address) 3000 E. Baltimore

20. FILED 2-12 1937 (Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/9 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1937 to Feb 9 1937

I last saw her alive on Feb 9 1937 Death is said to have occurred on the date stated above, at 6 P. M.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism 5 days. — Date of onset

Other contributory causes of importance: Arteriosclerosis 5 years

Was an operation performed? No Date of .....

For what disease or injury? None

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? ..... Date of injury ..... 19...

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B. T. Kelly M. D.

(Address) 100 N. Linwood ave

32270

HEALTH DEPARTMENT—CITY OF BALTIMORE 32270

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel Damico

(a) Residence: No. 908 E. Eager St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Jan 20 1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23 yrs	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Worked at Bakery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unem Pom [illegible]

10. Date deceased last worked at this occupation (month and year): 1936

11. Total time (years) spent in this occupation: 3 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Vincenzo Damico

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Catherine Maggio

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: Mrs Catherine Damico

(Address) 908 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL

Mt Holy Redeemer Cem Date Feb. 15, 1937

19. UNDERTAKER: Edgar W. Conklin

(Address) 925 E. Eager St.

(Filed) 19 [illegible] Registrar

FEB 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 11th, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or, Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Klumpp, Coroner, M. D.

(Address) 1919 E. North ave.

INSTRUCTIONS ON BACK OF CERTIFICATE. See instructions on back of certificate. OCCUPATION IS VERY IMPORTANT.

A.D.B. 32271

F 32271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

78-2 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 78-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ottilia C. Meyer

(a) Residence: No. 4136 Forest Park Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Meyer

6. DATE OF BIRTH (month, day, year) February 4, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	-	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Julius C. A. Ahrens

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ottilia Koethe

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mr. John F. Meyer

(Address) 4136 Forest Park Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Feb. 13, 1937

19. UNDERTAKER J. B. Cook

(Address) 1005 E. Baltimore St.

FILED FEB 12 1937 19 Registrar, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas B. Wallace M.D. Coroner

(Address) 1031 St. Paul St.

OCCUPATION is very important. See instructions on back of certificate.

F 32272

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32272

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hosp St. 16-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 4 mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Agnes Cecelia Anderson

If U. S. Veteran specify WAR .....

(a) Residence: No. 602 N. Monroe St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 28-1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — —

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore and

FATHER

13. NAME James Anderson

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine McHenry

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Carrie E (Address) 602 N. Monroe Anderson

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem. Date Feb. 13 1937

19. UNDERTAKER Joseph H Cook (Address) 1005 E. Baltimore St.

20. FILED FEB 12 1937 19... Registrar.

OCCUPATION IS VERY Important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above, 1.09 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
17 Feb. 10-1937	
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm N Phillips, M. D. Coroner

(Address) 1939 Edmondson Ave

E 32273

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 32273

CERTIFICATE OF DEATH

V 46-E

15-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2136 W. North Ave. St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida Farnandis

If U. S. Veteran specify WAR .....

(a) Residence: No. 2136 W. North Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Farnandis

6. DATE OF BIRTH (month, day, year) July 27, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Ferdinand Lauterbach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Brandt

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mrs. Margaret Hurley

(Address) 2140 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lourel Park Cem. Date February 13 19 37

19. UNDERTAKER Joseph H. Cook

(Address) 1003 W. Baltimore St.

20. FILED FEB 12 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1936 to Feb 10, 1937

I last saw her alive on Feb 9, 1937. Death is said to have occurred on the date stated above, at 11.45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Uterus	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John H. Evans, M. D.

(Address) 612 W. 40th St.

32274

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32274

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3312 Oakfield Ave. 15-9 Ward)

Length of residence in city or town where death occurred 46 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 63 yrs. 3 mos. 10 ds.

2. FULL NAME Laura Maud Kelley

If U.S. Veteran specify WAR NONE

(a) Residence: No. 3312 Oakfield St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W Kelley

6. DATE OF BIRTH (month, day, year) Nov-1-1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Hereford Balto Co. Md.

FATHER

13. NAME Danl A. Conn

14. BIRTHPLACE (city or town) (State or country) Hereford Md.

MOTHER

15. MAIDEN NAME Mary F. Toft

16. BIRTHPLACE (city or town) (State or country) Hereford Md

17. INFORMANT Mr Geo W Kelley (Husband)

(Address) 3312 Oakfield Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Feb 12 1937

19. UNDERTAKER Stewart Memorial Co.

(Address) 108 W Mt Royal ave.

20. FILED 12 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 7 1937 to Feb 10 1937

I last saw her alive on Feb 10 1937 Death is said to have occurred on the date stated above, at 11:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Feb 5/1937

Other contributory causes of importance:

Myocarditis	1935

Was an operation performed? No Date of .....

For what disease or injury? No

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify .....

Augustine P. Von Schrilz M. D.

(Address) 4818 Edmondson Ave

F 32275

32275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2221 W. Lexington St., Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Margaret A. Alexander

(a) Residence: No. 2221 W Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Edward F. Alexander.

6. DATE OF BIRTH (month, day, year) June 10, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Brooke Brightful

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Bertha M. Bowne.

(Address) 2221 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

(Name) Mays Hampden (Date) Feb 13, 1937

19. UNDERTAKER Chenoweth Son.

(Address) 3615-17 Christmore

20. FILED Feb 13 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1937 to Feb 11 1937

I last saw h[illegible] alive on 2/11 1937. Death is said to have occurred on the date stated above, at 11 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/1/37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What was confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Chas A Cahn M. D.

(Address) 2145 W Balto St

M. D. B. 1268-9

32276 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 32276

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 W. Fairmount Ave St. 4-N Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin Mackel

(a) Residence: No. 704 W. Fairmount Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55 54	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) 1-29-37

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Mackel

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary Mackel (Wife)
(Address) 704 Fairmont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lubavne Cemetery Date Feb 12, 1937

19. UNDERTAKER Chas G. Cooper
(Address) 514 N. Calhoun St.

20. FILED FEB 12 1937, 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Febr 11th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Febr 7th, 1937, to Febr 10, 1937

I last saw him alive on Feb 10th, 1937. Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/30/37
Other contributory causes of importance:	
arteria sclerosis	

Name of operation — Date of .....

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Mary C. Jones, M. D.

(Address) 1 Fairmount Ave

F 32277

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32277

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., ... Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Mrs. Emma Baker

(a) Residence: No. 715 N. Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. Baker

6. DATE OF BIRTH (month, day, year): April 2 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Nursing Home

10. Date deceased last worked at this occupation (month and year): Oct 1936

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Richard Baker

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Maria Curtis

16. BIRTHPLACE (city or town) (State or country): Prospect Va

17. INFORMANT: Mary Baker

(Address) 715 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL: Place Arlington Memorial Park Date Feb 12 1937

19. UNDERTAKER: Chas G. Cooper

(Address) 514 N. Calhoun St.

20. FILED 12 [illegible] Registrar

B 12 1937

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year): 2.9. 1937

22. I HEREBY CERTIFY, That I attended deceased from 11.23. 1936 to 2.9. 1937

I last saw her alive on 2.9. 1937 Death is said to have occurred on the date stated above, at 11.54 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis Albargica	1.9.36

Other contributory causes of importance: none.

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James D. [illegible] M. D.

(Address) 515 Mosher St

HEALTH DEPARTMENT—CITY OF BALTIMORE

32278

CERTIFICATE OF DEATH

84-B 32278

1. PLACE OF DEATH West Baltimore General Hospital — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Rayner Ave & Dukeland sts — Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Louise Lisowska — If U.S. Veteran specify WAR .....

(a) Residence: No. 636 West Lombard St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Apolinary Lisowski

6. DATE OF BIRTH (month, day, year) aug 24 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	5	1615	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — ———

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER FATHER

13. NAME John Mikeeski

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Mrs Caroline Carbone

(Address) 636 W Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem Date 2/13/ 1937

19. UNDERTAKER John J Cowan & Son.

(Address) 901 Hollins St

20. FILED FEB 12 1937 1937 Huntington Ave. M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 9th 1937

22. I HEREBY CERTIFY, That I attended deceased from January 1st 1937 to February 9th 1937

I last saw her alive on February 9th 1937 Death is said to have occurred on the date stated above, at 12 noon m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic mastoiditis	12-15-36
Acute Labyrinthitis	12-26-36
Possible brain abscess	1-21-37
Other contributory causes of importance:	
Terminal bronchopneumonia	2-5-37

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) H. S. Gimbel M. D.

(Address) West Balto General Hosp.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

32279

93-eF 32279

REGISTERED NO.

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 5705 Birchwood Ave (Hamilton 27 Ward)

2-FULL NAME Frank Svec

(a) RESIDENCE NO. 5705 Birchwood Ave, St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late barbara Svec

6 DATE OF BIRTH (month, day, and year) Sept 1, 1840

7 AGE Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
96	5	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Czechoslovakia

PARENTS

10 NAME OF FATHER Joseph Svec

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Czechoslovakia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Czechoslova

14 Informant Mrs John J. Tuttle
(Address) 5705 Birchwood Ave

15 Filed ..., 19... [illegible] Registrar

FEB 12 1937

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 / 10/ 193[illegible]

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Senility
Chronic Myocarditis
(duration) ...yrs. ...mos. ...ds.
CONTRIBUTORY (Secondary) Cardiac Failure
(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Paul Schreiber M. D.

19 (Address) 1919 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill Cemetery

DATE OF BURIAL 2/ 13, 19 37

20 UNDERTAKER John J. Cowan & Son

ADDRESS 901 Hollin

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

Godfrey Markoff

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32280

32280

CERTIFICATE OF DEATH

108

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2646 Kirk Ave ST. 9-5 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Godfrey Markoff

(a) RESIDENCE NO. 2646 Kirk ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Sarah Stambaugh Markoff deceased

6 DATE OF BIRTH (month, day, and year): June 19-1860.

7 AGE: Years 76 | Months 7 | Days 21 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Mail Carrier 26 yrs

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer U. S. Post. Dept.

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Henry Markoff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Bertha List

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Anna Markoff

(Address): 2646 Kirk ave.

15 Filed ... 19 ... Registrar

FEB 12 1937

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 9-1937

17 I HEREBY CERTIFY, That I attended deceased from 2/7/37, 19..., to 2/9/37, 19..., that I last saw h living on 2/9, 19 37 and that death occurred, on the date stated above, at 10.15 p. m.

The CAUSE OF DEATH* was as follows:

Rt lobar pneumonia

(duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary): Cardiac insufficiency

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) George Elmer Bowden, M. D.

2/10. 1937 (Address) 517 E. North ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge

DATE OF BURIAL: Feb 12 1937

UNDERTAKER: F. Kernon Hechmer

ADDRESS: 2301 Edmondson

32281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 32281

82-A

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 W. 40th. St., 13-8 Ward)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dora M. Anding

If U.S. Veteran specify WAR .....

(a) Residence: No. 1212 W. 40th. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Otto L. Anding

6. DATE OF BIRTH (month, day, year) Dec. 13, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John M. Muzler

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Barbara Vogel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs, Dorothy G. Corprew

(Address) 1212 W. 40th. St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Feb. 12 1937

19. UNDERTAKER George W. Zinkler

(Address) 1737 E. Eager St.

20. FILED ..... 19 ..... Registrar.

Huntington Ave Baltimore, Md.

FEB 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-9- 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6 1937 to Feb. 9 1937

I last saw her alive on Feb 9 1937 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Paralysis

Date of onset

Other contributory causes of importance:

Acute Dil. Colitis Ida

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Probable Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. M. Byrnes M. D.

(Address) 800 N Patterson Park Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32282

CERTIFICATE OF DEATH

119

F 32282

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 4-W St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 10 dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

2. FULL NAME Baby Girl Fitzhugh Mary Maynadier Fitzhugh

(a) Residence: No. University Hosp St., Ward. Laurel, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 31 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Robt. Tyson Fitzhugh

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Dorothea West

16. BIRTHPLACE (city or town) (State or country) New Port R.I.

17. INFORMANT Robt. Tyson Fitzhugh (Address) Laurel Md

18. BURIAL, CREMATION, OR REMOVAL Place Green Mount Date Feb 12 1937

19. UNDERTAKER Henry W. Perkins Sons Co (Address) Mt. Clare Orchard & Fulton Sts.

20. FILED 2 12 1937 Edwin Fillmore, Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 31, 1936, to February 10, 1937

I last saw her alive on February 10, 1937. Death is said to have occurred on the date stated above, at 4:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition & Dehydration	2/1/37
Prematurity (30 wks.)	
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Charles L. Goldman M. D.

(Address) University Hospital, City.

F 32283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 16564

34-1-114-B

F 32283

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elsie Rolfe

If U. S. Veteran specify WAR

(a) Residence: No. 1102 S. Elwood Ave., St., Ward:
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George

6. DATE OF BIRTH (month, day, year) 5-11-1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER

13. NAME John Warburg

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Mary Keystring

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Records of Balto. City Hospts
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Feb 14 1937

19. UNDERTAKER Lilly & Zeiler
(Address) 403 S. Wolfe

20. FILED 2 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-10 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-21 1936, to 2-10 1937

I last saw h[illegible] alive on 2-10 1937 Death is said to have occurred on the date stated above, at 7½ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of L. lung.	7 mo.
Other contributory causes of importance:	

Was an operation performed? yes Date of 1-29-37

For what disease or injury? lung abscess

Name of operation drainage of lung abscess

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. A. Harper M. D.

(Address) Balt. City Hosp.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32284

CERTIFICATE OF DEATH

20969

108

F 32284

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 76-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1915 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Franz Buwaldt

(a) Residence: No. 1335 S. Clinton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 6-21-1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Earnest

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophie Piutei

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Schwartz - Feb 12 1937

19. UNDERTAKER Schwartz & Sons
(Address) 130 S. Eutaw Place

FEB 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-10-1937

22. I HEREBY CERTIFY, That I attended deceased from 2-9, 1937 to 2-10, 1937

I last saw him alive on 2-10 1937. Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2 wks
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospital

F 32285

32285 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

186-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-9 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Agnes G. Ludwig

(a) Residence: No. 1222 E. Preston St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of ~~Herbert~~ Lincoln H. Ludwig

6. DATE OF BIRTH (month, day, year) Sept. 18, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Peter Ward

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Finnan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Frank A. McCarthy

(Address) 4722 Pimlico Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date 2/15, 1937

19. UNDERTAKER Vernon Lippman

(Address) 2611 Pk. Ave.

20. FILED ..... 19 ..... Registrar

FEB 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Right Femur	

Other contributory causes of importance:

Uremia	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2/9/, 1937

Where did injury occur? Balto., Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Tripped over car track

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schnepfer, M. D.

Coroner

(Address) 1912 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

8 5 6

32286

HEALTH DEPARTMENT—CITY OF BALTIMORE

32286

CERTIFICATE OF DEATH

20697

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 5-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adeline Robinson

If U. S. Veteran specify WAR

(a) Residence: No. 1618 N. Bruce St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George

6. DATE OF BIRTH (month, day, year) 12-8-1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Michael Ellis

14. BIRTHPLACE (city or town) (State or country) / Va.

MOTHER

15. MAIDEN NAME Eliz. Clark

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 2/13/37

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pleasant St.

20. FILED FEB 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-10-1937

22. I HEREBY CERTIFY, That I attended deceased from 1-30-1937 to 2-10-1937

I last saw h.[illegible] alive on 2-10-1937 Death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2-9-37
Other contributory causes of importance: Aortic Insufficiency	unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospitals

F 32287

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32287

54-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Dennison St. 14-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S Veteran specify WAR .....

2. FULL NAME Amanda Coleman Scott

(a) Residence: No. 1535 W. Lexington St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced (or) WIFE of Thomas Scott

6. DATE OF BIRTH (month, day, year) Aug. 17 /96.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME Henry Nelson

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

MOTHER

15. MAIDEN NAME Annie

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md

17. INFORMANT Thomas Scott

(Address) 1535 Lexington

18. BURIAL, CREMATION, OR REMOVAL

Place Western Star Date Feb. 14 1937

19. UNDERTAKER Mrs Katie R. Williams

(Address) 22 E. Lexington St. Baltimore, Md.

20. FILED FEB 12 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-9, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-30, 1937, to 2-9, 1937.

I last saw h alive on 2-9, 1937. Death is said to have occurred on the date stated above, at 2.15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tubercular enterocolitis	
Generalized Peritonitis	
Other contributory causes of importance:	

Was an operation performed? yes Date of 2-3-37

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Levi Sharp M. D.

(Address) Provident Hospital

F 32288 F 32288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 N Mount St. 19-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alice Crawford

(a) Residence: No. 24 N Mount St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem'l	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Louis Crawford

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Louis Crawford

(Address) 24 N Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Star Date Feb. 12, 1937

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St

20. FILED 2/12/1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1937, to Feb 9, 1937

I last saw her alive on Feb 8, 1937 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver (Liver)	

Other contributory causes of importance:

Duodenum

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Found Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H H Morgan M. D.

(Address) 203 Chester

20522

32289 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 32289

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital St. 24-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME Joseph Hook

If U. S. Veteran specify WAR

(a) Residence: No. 409 Folson St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word)
M	W	~~Widowed~~ Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 8-3-1862

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Marcellous Hook

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Miller

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem Co Date 2/13 1937

19. UNDERTAKER Margaret L Flynn

(Address) 1422 Light St

20. FILED 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-10 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-22 1937 to 2-10 1937

I last saw h.l M alive on 2-10 1937 Death is said to have occurred on the date stated above, at 1.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	2-1-37
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Wm F Ramer M. D.

(Address) Baltimore City Hospitals

F 32290

F 32290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St. 16-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Mr. Raymond Kohler.

(a) Residence: No. 714 Woodington Rd St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Duggan Kohler

6. DATE OF BIRTH (month, day, year) Sept. 14, 1900.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gunther Brew.Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Daniel Webster Kohler

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Mary Holland

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) Mrs. Margaret D. Kohler, 714 Woodington Road.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Feb. 13/37 19

19. UNDERTAKER Hans F. Tietze (Address) 4101 Edmondson Ave.

20. FILED Hunting for Williams M.D. Registrar.

FEB 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1937 to Feb. 10, 1937

I last saw him alive on Feb. 10, 1937 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

Ruptured gangrenous appendix — Date of onset Feb. 6, 1937

Localized peritonitis

Other contributory causes of importance:

Paralytic ileus

Was an operation performed? Yes Date of Feb. 6, 1937

For what disease or injury? Acute appendicitis

What test confirmed diagnosis? Gross Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Howard B. Wolf M. D.

(Address) Univ. Hospital

32291 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 32291

CERTIFICATE OF DEATH

46B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 N. Port Street St., 7-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Kovanda

(a) Residence: No. 717 n. Port St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Kovanda

6. DATE OF BIRTH (month, day, year) Nov. 19, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czechoslovakia

FATHER

13. NAME Joseph Vesely

14. BIRTHPLACE (city or town) (State or country) Czechoslovakia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Czechoslovakia

17. INFORMANT Mr. James Kovanda
(Address) 717 N. Port Street

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Cem. Date Feb. 15 19 37

19. UNDERTAKER Frederick Carmichael Sr.
(Address) 7401 Belair Road

FEB 12 1937 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1937 to Feb 11 1937

I last saw her alive on Feb 11 1937 Death is said to have occurred on the date stated above, at 3.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	6/1/36
Other contributory causes of importance:	

Was an operation performed? Yes Date of Dec 5.36

For what disease or injury? Exploratory Operation

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) William Ryan M. D.

(Address) 801 N Kenwood Ave

M. D. B. 1268-9

F 32292

32292

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 13-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. -- mos. -- ds. How long in U.S. If of foreign birth? -- yrs. -- mos. -- ds.

If U. S. Veteran specify WAR

2. FULL NAME Helen M. Sanner

(a) Residence: No. Wyman Park Apartments St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William G. Sanner

6. DATE OF BIRTH (month, day, year) ----------

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Blome

14. BIRTHPLACE (city or town) (State or country) ------- Germany

MOTHER

15. MAIDEN NAME Ellen Rullman

16. BIRTHPLACE (city or town) (State or country) ------- Maryland

17. INFORMANT Jerome B. Sanner

(Address) Wyman Park Apartments

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date 2/13, 1937

19. UNDERTAKER Henry H. Mears & Son

(Address) 805 N. Calvert St.

20. FILED 2 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Chr. Alcoholism

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? el Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Alvin B. Hollaway M. D. Coroner

(Address) 1031 St. Paul St.

OCCUPATION is very important. See instructions on back of certificate.

F 32293

32293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1501 North Bond St., 8-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME MARY E. O'BRIEN

If U. S. Veteran specify WAR

(a) Residence: No. 1501 North Bond Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----

6. DATE OF BIRTH (month, day, year) 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William H. O'Brien

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Hanora Scanlon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Anna O'Brien

(Address) 1501 North Bond Street

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 2/15 1937

19. UNDERTAKER Wm. F. Graul & Son

(Address) 1111 Mosher Ave

2-14 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-11-37, 19..., to 2-11-37, 19...

I last saw her alive on 2-11, 1937. Death is said to have occurred on the date stated above, at 3:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemiplegia	2-10-37
Hypertension	3 yrs.
Other contributory causes of importance:	
Cardio-Renal	3 yrs.

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. J. Decatur M. D.

(Address) 1538 Broadway

322749 Oktavec F 32294

F 32294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 7-26 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa Oktavec

(a) Residence: No. 2409 E. Monument St., H Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of William

6. DATE OF BIRTH (month, day, year) 6/17/89

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph Soles

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Frances Liska

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Records — (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Feb 15, 1937

19. UNDERTAKER Frank Leach & Son (Address) 190 E Ashland Ave

12 1937 Huntington Williams, Jr. N

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1936 to Feb 11, 1937

I last saw her alive on Feb 11, 1937. Death is said to have occurred on the date stated above, at 9:42 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis (non-epidemic) and brain abscess	2-8-37
	2-27-37

Other contributory causes of importance:

Chronic mastoiditis, Lt. with extensive cholesteatoma	5 yrs ago

Was an operation performed? yes Date of 12-19-36

For what disease or injury? Chronic mastoiditis, Lt. with cholesteatoma

What test confirmed diagnosis? X-ray operation Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Douglas Chamberlain M.D.

(Address) Johns Hopkins Hosp.

F 32295

32295 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 Westphal St. 24-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Henry Stiefe

If U. S. Veteran specify WAR

(a) Residence: No. 1810 Westphal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 29 — 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Balto & Ohio Rail
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rail Road
10. Date deceased last worked at this occupation (month and year) 2 yrs
11. Total time (years) spent in this occupation 48

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Susie Tumbo
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Emerson C Stiefe
(Address) 3221 Matson Ter Brooklyn

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date Feb 15 1937

19. UNDERTAKER John J Zahn & Sons
(Address) 318 Light St.

FEB 2 1937

Huntington Phillips, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1936 to Feb. 11 1937

I last saw him alive on Feb. 11 1937 Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis (indefinite)	
Other contributory causes of importance:	
Acute dilatation of Heart	2/10/37

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

2/12/37 (Signed) H. J. Lampert M. D.
(Address) 1644 Hanover St

M. D. B. 1268-9

F 32296

32296 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 722 E. North Ave St. 9-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jane O Brien

(a) Residence: No. 722 E North Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene John Owen Brien

6. DATE OF BIRTH (month, day, year) 8-22-1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME James Owen

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME E. Scottigan

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs Helen Owen

(Address) 722 E North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Feb 15, 1937

19. UNDERTAKER Edgar M Hodges

(Address) 1 E 22nd St

20. FILED 2-15-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from November to Feb 12, 1937

I last saw h.. alive on Feb 9, 1937 Death is said to have occurred on the date stated above, at 6.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1922
Other contributory causes of importance:	
Heart failure	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Reginald J. Tonry, M. D.

(Address) 414 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

32297 F 32297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1448 Andre St. St. 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Sherry

If U. S. Veteran specify WAR

(a) Residence: No. 1448 Andre St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chester Sherry

6. DATE OF BIRTH (month, day, year) Mar. 1 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER

13. NAME Frederick Wiesand

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Margaret Rohle

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Mr. Stallman
(Address) 2023 Braddish Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date 2/15 1937

19. UNDERTAKER J. Fus McCully
(Address) 130 E. Fort Ave.

20. FILED FEB 12 1937 Huntington Phillips Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1937 to Feb 11 1937

I last saw her alive on Feb 11 1937. Death is said to have occurred on the date stated above, at 1:15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	2/11/37
Lobar Pneumonia	2/1/37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) S. H. Streett M. D.

(Address) 421 E. Fort Ave.

F 32298

32298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 S. Arlington Ave. St., 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ruth H. Krebs

(a) Residence: No. 126 South Arlington Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Krebs

6. DATE OF BIRTH (month, day, year) Jan. 7th 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston,

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Mass.

17. INFORMANT John Krebs
(Address) 126 South Arlington Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date 2-12 1937

19. UNDERTAKER Frederick A. Cole
(Address) 120 W. Lombard St.

20. FILED 2-12-1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10 th. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above at 6 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Embolism	
Other contributory causes of importance Three days	
Acute Bronchitis,	

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? History Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) Thos. H. Chisholm M. D. Coroner

(Address) 1939 Edmondson Ave.

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. B 1263-9

32239 F 32299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Donald E. Keller

If U. S. Veteran specify WAR

(a) Residence: No. 412 E. Biddle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER

13. NAME Jacob E. Keller

14. BIRTHPLACE (city or town) Martinsburg
(State or country) W. Va.

MOTHER

15. MAIDEN NAME Gladys Hardy

16. BIRTHPLACE (city or town) Martinsburg
(State or country) W. Va.

17. INFORMANT Jacob Keller
(Address) 412 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Martinsburg W. Va. Date 2-14 1937

19. UNDERTAKER Frederick A. Pole
(Address) 2 to 28 Forward St

20. FILED 2-12-1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) M. D.

(Address) 2757 N. Mon Ave

F 32300

32300 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 Homestead St., 9-5 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Hamilton Arnold

(a) Residence: No. 701 Homestead St., Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan. 23, 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86 85	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Elijah Arnold

14. BIRTHPLACE (city or town) (State or country) Lyme Arnolds County Md.

MOTHER

15. MAIDEN NAME Matilda Hammond

16. BIRTHPLACE (city or town) (State or country) Lyme Arnolds County Md.

17. INFORMANT Mrs. B. R. Campbell
(Address) 701 Homestead St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Feb 13 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19... Registrar

FEB 13 1937

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above; held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Chronic Myocarditis	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify ...

(Signed) Paul Schenker, M. D. Coroner

(Address) 1919 E. North Ave

M. D. B 1268-9

F 32301

32301 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 82-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1536 Pennsylvania Ave (St.) 16 (Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Edward Ulrich

(a) Residence: No. 1106 N. Freemason St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of "

6. DATE OF BIRTH (month, day, year) Nov 29 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	2	12	11

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Locksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Emmitsburg Md

FATHER

13. NAME Unknown W. S. Ulrich

14. BIRTHPLACE (city or town) (State or country) Emmitsburg Md

MOTHER

15. MAIDEN NAME Nancy Smith

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT William Ulrich

(Address) Louthian and Biddle Sts

18. BURIAL, CREMATION, OR REMOVAL

Place Emmitsburg, Md. Date 2/13 1937

19. UNDERTAKER J. M. Cole

(Address) 1249 E. Fayette St

20. FILED FEB 13 1937 Thurlow Littlefield, C.R. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hayes Larmore M. D. Coroner

(Address) 1215 Hanover

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

32302

F 32302

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hos. St. 8-5 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillie Springer

If U. S. Vet specify WAR No Record

(a) Residence: No. 1773 Darley Ave.; Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mark H. Springer

6. DATE OF BIRTH (month, day, year): Dec 9 1877

7. AGE: Years 59; Months 2; Days 23; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ~~None~~ housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): Jan 1937

11. Total time (years) spent in this occupation: 12

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: John Zimmerman

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Louise Kees

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Margaret Cassidy

(Address) 626 Mr. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Date: Feb 15th 1937

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

20. FILED: Feb 15 1937, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 12, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest and Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
gangrene of gall bladder	

Other contributory causes of importance:

Was an operation performed? yes Date of Feb 11 37

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. M. Wright (Coroner) M. D.

(Address) 1010 S. Ellwood Ave.

M. D. P. 1268-0

F 32303

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32303

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. H-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ann Wyndham Butler

(a) Residence: No. Dundalk Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 26, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		18/24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John W. Butler

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Ann M. Taylor

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Ann M. Butler
(Address) Dundalk, Md

18. BURIAL, CREMATION, OR REMOVAL
Emanuel E.P. Cemetery Date Feb. 13, 1937
Richmond Va

19. UNDERTAKER Edmund W. Conklin
(Address) 924 E. Eager St

20. FILED Feb 13 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1937 to Feb 12, 1937

I last saw her alive on Feb 12, 1937 Death is said to have occurred on the date stated above, at 11:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro-enteritis	
unknown etiology	Feb. 9

Other contributory causes of importance:
Prematurity - 36 wks gestation

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Hugh E. Bruce M. D.
(Address) University Hospital

F 32304

32304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Mercy Hospital St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 6 mos. 0 ds. How long in U. S. If of foreign birth 80 yrs. 6 mos. 0 ds.

2. FULL NAME Belle Ricketts (Laura Isabel Ricketts) If U.S. Veteran specify WAR NONE

(a) Residence: No. Playa apts 3 St., Park ave & Mon Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John B Ricketts

6. DATE OF BIRTH (month, day, year) Aug 12 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Nicholas Tribbitt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eliza Thompson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mercy Hospital Record (Address) Nurse.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Feb 5 1937

19. UNDERTAKER Stewart Hearn Co. (Address) 108 N Eutaw.

20. Filed FEB 3 1937 Huntington Dillingham Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-2-37. 19

22. I HEREBY CERTIFY, That I attended deceased from 2-7-37, 19.., to 2-2-37, 19..

I last saw h.. alive on 2-2-37, 19.. Death is said to have occurred on the date stated above, at 7:30 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
accident.	
	own

Other contributory causes of importance:

Hypertension

Epistaxis 2-7-37

Was an operation performed? Yes Date of 2-7-37

For what disease or injury? ?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Laurence L Mott M. D.

(Address) Mercy Hospital

F 32305

F 32305 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH U.S. Marine Hospital
CITY OF BALTIMORE: (No. ..... St., 12-6 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 20 ds. How long in U. S. If of foreign birth? 24 yrs. ... mos. ... ds.

If U. S. Veteran, specify WAR ...

2. FULL NAME Charles Hess

(a) Residence: No. 1801 W. 9th St., Chester, Pa. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 29, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pumpman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman
10. Date deceased last worked at this occupation (month and year) 12-18-36
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Hess
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's, Hampden Date Feb. 13 1937

19. UNDERTAKER E. Leroy Stifflee, Inc.
(Address) 125 E. North Ave.

20. FILED FEB 15 1937 [illegible] Registrar.

17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 21, 1936 to February 10, 1937
I last saw him alive on February 10, 1937. Death is said to have occurred on the date stated above, at 11:05 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscesses, multiple, of lung, left	2 mos.
Hemorrhage, pulmonary	1 day
Other contributory causes of importance:	
Pneumonia, lobular	Terminal

Was an operation performed? no Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) I. M. H. an Resa, M. D.
(Address) U.S. Marine Hospital

32306 ✓ F 32306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 Heneman St. 8-7 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Emma V. Grose

(a) Residence: No. 1824 Heneman St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael J. Grose

6. DATE OF BIRTH (month, day, year) April 20-1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles E. Byrgan

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Clara V. Trombo

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mary B. Baker

(Address) 3912 Phila. Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date Feb 15 - 37, 19

19. UNDERTAKER C. Miller & Son

(Address) 1334 Jefferson St.

20. FILED FEB 15 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/11/37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schreiber Coroner, M. D.

(Address) 1919 E. North Ave

OCCUPATION IS VERY important. See instructions on back of certificate.

32307 F 32307

HEALTH DEPARTMENT—CITY OF BALTIMORE

32307

CERTIFICATE OF DEATH

107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St. 13-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Cyrus Arnold

(a) Residence: No. 2319 Eutaw Place Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND (or) WIFE of Minnie R. Arnold

6. DATE OF BIRTH (month, day, year) March 13, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Samuel Arnold

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ellen Greenwald

16. BIRTHPLACE (city or town) (State or country) U. S.

17. INFORMANT Mrs. M. Gundersheimer

(Address) 2520 Talbot Road

18. ~~BURIAL, CREMATION, OR~~ REMOVAL

Place Fort Wayne, Ind. Date Feb. 14 1937

19. UNDERTAKER David Gundersheimer & Son

(Address) 1702 Eutaw Place

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3 1937 to Feb. 12 1937

I last saw h. alive on Feb. 12 1937 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Bronchopneumonia	
Cardiac insufficiency	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul A. Wolf, M. D.

(Address) Sinai Hospital

VS 3

6 4

✓ F 32308

32308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3400 Walbrook Avenue St., 15th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah E. Gorrell

If U.S. Veteran specify WAR

(a) Residence: No. 3400 Walbrook ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

3a. If married, widowed, or divorced (or) WIFE of George P. Gorrell

6. DATE OF BIRTH (month, day, year) June 27 - 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Longreen Md.

FATHER

13. NAME Dixon Connolly Sr.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Riddle

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT George P. Gorrell

(Address) 3400 Walbrook ave

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Cem Towson Date Feb 13 1937

19. UNDERTAKER Clarence E. Luthur

(Address) Fork Md.

20. FILED FEB 13 1937

30.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 3rd, 1936, to Feb 11/37, 19..... I last saw her alive on Feb 10, 1937. Death is said to have occurred on the date stated above, at 11a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage & paralysis	Dec 3/36
Other contributory causes of importance: arterio-sclerosis about 10 yrs & chronic nephritis	

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) Walter S. Mickley, M. D.

(Address)

32309 F 32309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2908 Manhattan Avenue St., 27-19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. 4 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Bromming Disney

If U.S. Veteran specify WAR

(a) Residence: No. 2908 Manhattan Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of / WIFE of Bertha G. Disney

6. DATE OF BIRTH (month, day, year) Sept 20th 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman-Paper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Thomas H. Disney

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

MOTHER

15. MAIDEN NAME Mary E. Harrison

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

17. INFORMANT Mrs Bertha G. Disney
(Address) 2908 Manhattan Avenue.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Feb 15 1937

19. UNDERTAKER J. S. Lichtenstein & Sons
(Address) Reisterstown Md

20. FILED FEB 15 1937 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 - 1937 to Feb 12 1937

I last saw him alive on Feb 12 1937. Death is said to have occurred on the date stated above, at 8-30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	2-1-37
Other contributory causes of importance: Arterio Sclerosis Hypertension	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Howard F. Harrison M. D.
(Address) 2404 Garrison Blvd.

32310

F 32310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St., 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. 6 mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lytle Robins (Margaret Lytle Schroeter Robins) U.S. Veteran (specify WAR .....)

(a) Residence: No. 1700 Eutaw Pl St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIDOWED or WIFE of Norman A. Robins

6. DATE OF BIRTH (month, day, year) August 8th 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Feb 1937

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry P. Schroeter

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Estelle Lytle

16. BIRTHPLACE (city or town) (State or country) Harford Co., Md.

17. INFORMANT Miss Bertha Schroeter
(Address) 604 Lennox St.,

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb 15th 37

19. UNDERTAKER Wm. C. Tucker & Sons
(Address) Notta area

ENTERED ..... 19 ..... Registrar.

FILED Feb 13 1937 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-12, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-4-37, 19..., to 2-12, 1937

I last saw h[illegible] alive on 2-12, 1937. Death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myeloid Leukemia	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Hodeing M. D.

(Address) Sinai Hosp

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

32311

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32311

CERTIFICATE OF DEATH

1. PLACE OF DEATH The Crawford Home

CITY OF BALTIMORE: (No. 2117 Denison St., 15-12 Ward)

Registered No. 50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. 4 mos. 28 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Alice Jessie Hess

(a) Residence: No. 2833 Coed Spring Lane St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Wesley Hess

6. DATE OF BIRTH (month, day, year) August 29th 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --

10. Date deceased last worked at this occupation (month and year) --

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) Warm Springs. (State or country) Bath Co. Va.

FATHER

13. NAME E. T. Williams

14. BIRTHPLACE (city or town) Bath county, Va. (State or country)

MOTHER

15. MAIDEN NAME Leah Jackson

16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT Mr. J. W. Hess (Son)

(Address) Petersburg, Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Feb 15, 19 37

19. UNDERTAKER Dick[illegible]

(Address) [illegible]

20. FILED [illegible] Registrar

2-13-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12 . 1937

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1932 to Feb. 11, 1937

I last saw h[illegible] alive on Feb. 11, 1937 death is said to have occurred on the date stated above, at 8:45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (Primary left Breast) with metastases	1933 (?)
Chronic Myocarditis.	
Hypostatic Pneumonia,	
Other contributory causes of importance:	
Hypertrophic Arthritis	
Arteri-sclerosis	

Name of operation Resection of Glands Date of 1934

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Byrneth Lemon Lawless, M. D.

(Address) 122X Bloomingdale Road

F 32312

32312 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 N Bentalou St., 16-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Brad F. W. Weissenborn

If U.S. Veteran specify WAR

(a) Residence: No. 810 N. Bentalow St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Olga Weissenborn

6. DATE OF BIRTH (month, day, year) Nov. 2-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tax Consultant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Appeal Tax Court

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1009

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Carl Wilh Weissenborn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Selle

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Olga Weissenborn

(Address) 810 N. Bentalow St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Feb. 13 1937

19. UNDERTAKER F. B. Thippert & Son

(Address) 1300 Eutaw Place

FEB 13 1937 Huntington Phillips, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10 1937

22. I HEREBY CERTIFY, That I attended deceased from January 1 1934 to February 10 1937

I last saw him alive on February 10 1937 Death is said to have occurred on the date stated above, at 2:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio vascular Renal Disease. Metab Stenosis with Insufficiency	Jan. 1 1934
Other contributory causes of importance: Cardiac Hypertrophy with Dilatation and Decompensation	Feb 2 1937

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas W. Edmunds M. D.

(Address) 2746 Alameda Blvd

M. D. B 1268-9

F 32313 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32313

CERTIFICATE OF DEATH

203 F

1. PLACE OF DEATH Terminal Warehouse Co
CITY OF BALTIMORE: (No. Dans & Pleasant St., 7-1 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME John H Debelius
(a) Residence: No. 601 N Robinson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or WIFE of): Ida E Debelius
6. DATE OF BIRTH (month, day, year): Oct 14 1880
7. AGE: Years 56 | Months 3 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 203
10. Date deceased last worked at this occupation (month and year): 2/10-37
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER
13. NAME: Peter Debelius
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Mary Pierson
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: John H Debelius Jr.
(Address) 3224 Kenyon Ave
18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Place Date Feb 13 37 19
19. UNDERTAKER: Franklin H Seitz
(Address) 814 W 36 St

FILED FEB 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/10 1937
22. I HEREBY CERTIFY, That I took charge of the remains described above, held as (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull multiple Fractures of Body & extremities	

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/10 1937
Where did injury occur? Baltimore Md
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Industry
Manner of injury Fell down Elevator Shaft
Nature of injury Fx Skull & Multiple Fx

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify While Working

(Signed) Erwin B Hatfield M. D.
(Address) 1031 St Paul St. City

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

32314

HEALTH DEPARTMENT—CITY OF BALTIMORE

32314 F 23

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 Robert St. 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella C. Pinder

If U. S. Veteran specify WAR

(a) Residence: No. 528 Robert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Vaugh.

14. BIRTHPLACE (city or town) (State or country) Cambridge Md.

MOTHER

15. MAIDEN NAME Lula Henry.

16. BIRTHPLACE (city or town) (State or country) Cambridge Md

17. INFORMANT Lula Henry mother
(Address) 528 Robert

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Feb 13 1937

19. UNDERTAKER Elroy D Wilson
(Address) 1000 Bradley

20. FILED 19 Registrar

FEB 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-11- 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-17- 1937 to 2-11- 1937

I last saw h[illegible] alive on 2-9- 1937 Death is said to have occurred on the date stated above, at 7,30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs 3 mo	

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? no

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) M. D. Cargier M. D.

(Address) 611 N. Caroline

20941

F. 32315 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F. 32315

CERTIFICATE OF DEATH 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 3-E Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Kalista

(a) Residence: No. 46 Albermarle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married (separated)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lula

6. DATE OF BIRTH (month, day, year) 9-27-1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0014

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John J. Kalista

14. BIRTHPLACE (city or town) (State or country) Czechoslavakia

MOTHER

15. MAIDEN NAME Mary Hejl

16. BIRTHPLACE (city or town) (State or country) Czechoslavakia

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Holy Redeemer Date Feb 15 1937

19. UNDERTAKER Francis Brach & Sons
(Address) 1906 Eulaw Ave

20. FILED JAN 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-12-1937

I HEREBY CERTIFY, That I attended deceased from 2-8-1937 to 2-12-1937

I last saw him alive on 2-12-1937 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1 mo
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Kenney M. D.

Address Baltimore City Hospital

V6 3

32316

F 32316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1222 S Decker Ave. St., 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jadwiga Ida Czekalski

If U.S. Veteran specify WAR .....

(a) Residence: No. 1222 S. Decker Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Stanislaw Czekalski

6. DATE OF BIRTH (month, day, year) October 8 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wawrzyn Orzechowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Petronela Dobrochowska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr. Stanislaw Czekalski

(Address) 1222 S. Decker Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Feb 15 1937

19. UNDERTAKER John M. Welsh

(Address) 401 S. Chester St

FILED FEB 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12th 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 6th 1937 to Feb 10th 1937

I last saw h[er] alive on Feb 10th 1937 Death is said to have occurred on the date stated above, at 7.30a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb 5/37
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H J Sanker M. D.

(Address) 119 N. Milton Ave

Spec.—8-24-14—M. & T.—2000 Bks.

F. 32317 HEALTH DEPARTMENT—CITY OF BALTIMORE F. 32317

131

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 5602 REGISTERED NO. C

CITY OF BALTIMORE: (No. Chas-St ST 27-12 WARD)

(If death occurred in hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Jessie C. Johnson

(Residence in Baltimore: No. 5602 N. Charles St Ave St.; 91 yrs., 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, April (Month) 19 (Day), 1845 (Year)

7-AGE. 91 yrs. 9 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ...at Home...
(b) General nature of industry, business, or establishment in which employed (or employer) ...do...

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Emanuel Crocker

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER, Harriet Griffith

13-BIRTHPLACE OF MOTHER (State or Country), Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno. J. Johnson

(Address) 5602 Charles St Ave

15- Filed 1-7 Registrar.

137937

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb (Month) 12 (Day), 1932 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1911, to Feb 12 1932 that I saw h[illegible] alive on Feb 12 1932 and that death occurred, on the date stated above, at 4 A m

The CAUSE OF DEATH* was as follows:

Myocarditis

Arteriosclerosis

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) ... M. D.

..., 1932 (Address) ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, Feb. 15, 1932

20-UNDERTAKER Chas. E. Maus & Son ADDRESS 11 & North Royal Ave

Important. See instructions on back of certificate.

20730

32318

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32318

CERTIFICATE OF DEATH

6-5 95-13

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Cannon
If U. S. Veteran specify WAR

(a) Residence: No. 107 N. Bond St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary (Deceased)

6. DATE OF BIRTH (month, day, year) 5-27-1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60 59	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bootblack

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Harry (Deceased)

14. BIRTHPLACE (city or town) (State or country) Dela.

MOTHER

15. MAIDEN NAME Mary Sprigs (Deceased)

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 2-13 1937

19. UNDERTAKER J. J. Tafft & Sons
(Address) 1315 Light St

20. Filed ... 1937 ... Registrar.

5 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-5 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-31, 1937 to 2-5, 1937

I last saw h.i.m alive on 2-5 1937 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	5 days
Other contributory causes of importance: Arteriosclerotic Heart Disease,	Unk

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? NO If so, specify

(Signed) John L. Rainey M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1936

F 32319

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32319

CERTIFICATE OF DEATH

4-N 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds How long in U. S. If of foreign birth? ..yrs..mos..ds.

If U. S. Veteran specify WAR

2. FULL NAME Chas. H. Spencer

(a) Residence: No. Patapsco Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 20, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	19	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Vernon Spencer

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Nettie B. Allire

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Vernon Spencer
(Address) Patapsco, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Patapsco M. E. Cemetery Feb. 17 1937

19. UNDERTAKER J. A. Sharrett Son
(Address) Westminster Md.

FEB 14 1937

..Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came
(Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) F. H. Scheuber M. D.
Coroner

(Address) 27 S. Carroll St.

OCCUPATION is very important. See instructions on back of certificate.

F 32320

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32320

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. ? St., 16 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Wallace Jr

If U. S. Veteran specify WAR .....

(a) Residence: No. 709 N Gilmore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia

6. DATE OF BIRTH (month, day, year) Nov 12 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
39	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md

FATHER

13. NAME Joseph L. Wallace

14. BIRTHPLACE (city or town) (State or country) Howard Co

MOTHER

15. MAIDEN NAME Georgia Anna — ?

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address) Prov. Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Ashury Mem Date 2/15 1937

19. UNDERTAKER The N. G. W. Richards Co.
(Address) Laurel Md.

20. FILED FEB 14 1937 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH 9.31 P

23. DATE OF DEATH (month, day, year) 2/12, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Iron-Acid	2/10/37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 2/10, 1937

Where did injury occur? Pleasantville & Reisterstown Rds
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Auto Accident & Safety Beacon

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Hubert Hanley Agts Coroner, M. D.

(Address) 702 N Arlington St

OCCUPATION is very important. See instructions on back of certificate.

V S 6

Harrison Hice F 32321

32321 HEALTH DEPARTMENT—CITY OF BALTIMORE

53-C

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. 7-2 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. mos 10 ds. How long in U. S. If of foreign birth? ..yrs. mos 10 ds.

2. FULL NAME Harrison Hice

(a) Residence: No. 1601 Sumter Ave. St., Ward. Charlotte, N.C.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gwendolin

6. DATE OF BIRTH (month, day, year) Nov. 29, 1910

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or min.
26 yrs	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Leonard Hice

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Margaret Pegram

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT (Address) Records Johns Hopkins Hospital

18. BURIAL, CREMATION OR REMOVAL Place Charlotte N.C. Date Feb. 13 1937

19. UNDERTAKER (Address) Fehrs & Miller 2433-35 E. Baltimore St. Washington Funeral Home

Registrar

20. FILED FEB 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 1937 to February 13, 1937

I last saw him alive on February 13, 1937. Death is said to have occurred on the date stated above, at 9:25 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor - malignant	

Other contributory causes of importance:

Was an operation performed? Yes Date of Feb 5, 1937

For what disease or injury? Brain tumor

What test confirmed diagnosis? malignant microscopic section Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James Monroe Mason III, M.D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 32322

F 32322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Shirley Applestein

(a) Residence: No. 34 N. Eden St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 24/36

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1 mo	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Emil J. Applestein

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Emma T. Schmaltz

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Chev Shalom Date 2/14/37 19

19. UNDERTAKER Hugh Lewis Inc

(Address) 1432 E. Baltimore St

20. FILED FEB 14 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 1937 to Feb 12 1937

I last saw her alive on Feb 12 1937. Death is said to have occurred on the date stated above, at 6 50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Jan 30, '37

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

Signed Frank R Stephenson M. D.

(Address) St Joseph's Hospital

32323 F 32323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3924 Fairview ave St. 5-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 40 yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Hannah M. Neubaum

(a) Residence: No. 3924 Fairview ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jacob

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 58 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Walter Marcel

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Fannie

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Jacob Neubaum
(Address) 3924 Fairview ave

18. BURIAL, CREMATION, OR REMOVAL: Beth Tfiloh 2-14-39
(Place) (Date) 19

19. UNDERTAKER: Jack Lewis Sons
(Address) 1439 E. Baltimore st

20. FILED: FEB 14 1937 Elton Fulbright, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 30, 1936 to February 12, 1937

I last saw her alive on February 12, 1937 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pemphigus	May 1936
Other contributory causes of importance:	
bronchopneumonia	2/8/37
biliary fistula	12/4/37

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? clinical laboratory methods Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide, or Homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Frankel R. Smith, Jr. M. D.

(Address) 1014 St Paul St. Baltimore

32324 Echikson

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 32324

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Joseph Echikson

If U. S. Veteran specify WAR

(a) Residence: No. 2101 N. Smallwood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Teacher 006

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Benjamin Echikson

(Address) 2101 N. Smallwood St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenlawn Date 2/14/37

19. UNDERTAKER Jack Lewis Inc

(Address)

20. FILED 19

Registrar.

Pennington Memorial, Inc.

OCCUPATION IS VERY important. See instructions on back of certificate.

VS 3

FEB 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/12/1937

22. I HEREBY CERTIFY, That I attended deceased from 1/13/1937 to 2/12/1937

I last saw him alive on 2/12/1937. Death is said to have occurred on the date stated above, at 1.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious anemia	
Terminal bronchio-pneumonia	2/2/37
Other contributory causes of importance:	
Senility	
Chronic Myocarditis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide, or Homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benjamin B. Weiss M. D.

(Address) Sinai Hospital

M. D. P. 1268-9

F 32325

F 32325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3013 Matthews St., 9-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Theophile Merck

(a) Residence: No. 3013 Matthews St., ... Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Barbara Merck

6. DATE OF BIRTH (month, day, year) Oct 19-1860

7. AGE: Years 76 | Months 3 | Days 23 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tool Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Poole Engine Co

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 50 Yrs

12. BIRTHPLACE (city or town) (State or country) France

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Mary M Reed

(Address) 2013 Matthew Street

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Feb 15* 1937

19. UNDERTAKER Mullaine Cook

(Address) 1217 St Paul St

20. FILED ..... Registrar

B 14 1501

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1936 to February 12, 1937

I last saw him alive on Feb 11, 1937 Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1936.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Xmed Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fannie E Stock, M. D.

(Address) 1331 E. North ave.

OCCUPATION is very important. See instructions on back of certificate.

F 32326

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F M 32326

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos. 1 ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

If U. S. Veteran specify WAR

2. FULL NAME John A. Myers

(a) Residence: No. Ellicott City St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Myers

6. DATE OF BIRTH (month, day, year) Feb. 2, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	42	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Mill

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year) 2/37

11. Total time (years) spent in this occupation 4 yrs.

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John H. Myers

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Carrie D. Lee

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Jonn Weetenkamp

(Address) 782 Linard St

18. BURIAL, CREMATION, OR REMOVAL

Place Sykesville Md Date 2/16/37 19

19. UNDERTAKER F. Gilligibottom Jr

(Address) Ellicott City

20. FILED FEB 14 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1937 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. R. Poole M. D. Coroner

(Address) 2757 N Howard

OCCUPATION is very important. See instructions on back of certificate.

32327

F 32327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Rebecca Krakower.

If U.S. Veteran specify WAR

(a) Residence: No. 215 N. Gay St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Abraham Krakower.

6. DATE OF BIRTH (month, day, year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home. 0039

10. Date deceased last worked at this occupation (month and year) 2-1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Louis Crook.

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Fannie Grossman

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Abraham Krakower
(Address) 215 N Gay St

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Washington Rd Date Feb 14, 1937

19. UNDERTAKER Sol Levinson & Bro.
(Address) 1127 E Baltimore St

14 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1937, to Feb 13, 1937.

I last saw her alive on Feb 13, 1937. Death is said to have occurred on the date stated above, at 2:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia lobar	2-6-37
Other contributory causes of importance:	
arteriosclerotic C. V. D.	1930 (?)

Was an operation performed? — Date of —

For what disease or injury?

What test confirmed diagnosis? none Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) D. Freeman M. D.

(Address) Mercy Hosp.

F 32328

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32328

CERTIFICATE OF DEATH

25-3159

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) The Johns Hopkins Hospital St. ..... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Baby Wolfe
(a) Residence: No. 15 Sycamore St. Curtis Bay St., ... Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) February 11-37

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) 0

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) .....
(State or country) .....

FATHER

13. NAME Lawrence Wolfe

14. BIRTHPLACE (city or town) .....
(State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Hagen

16. BIRTHPLACE (city or town) .....
(State or country) Maryland

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cem Date Feb 16 1937

19. UNDERTAKER Lilly & Zeiler INC.
(Address) 403 S Wolfe St.

FEB 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-13 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11 1937, to Feb. 13 1937.
I last saw him alive on Feb. 13 1937. Death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Was an operation performed? No. Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) G. W. Overstreet M. D.
(Address) The Johns Hopkins Hospital

Pargon ✓ F 32329

F 32329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. 40-1

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Agnes Hospital St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Pargon

(a) Residence: No. Little Sisters of the Poor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ~~78~~ 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Little Sisters of Poor
(Address) 1200 Valley st

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Feb 15 1937

19. UNDERTAKER Peter Wiedefeld & Bro
(Address) 714 Greenmount Ave

20. FILED 19 Registrar

FEB 14 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12-37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came
to his death on the day stated above. 5 P.M.

The principal cause of death and related causes of importance were as follows:

Fracture of Femur. Date of onset 1-27-37

Other contributory causes of importance
Broncho Pneumonia.

Was an operation performed? yes Date of —

For what disease or injury?

Nature of operation — Date of —

What test confirmed diagnosis? X Ray. Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? accidental Date of injury 19

Where did injury occur? Little Sisters of Poor
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In a ~~Public~~ Home

Manner of injury Fell off chair to floor

Nature of injury Fractured Right Hip

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Thos H Phillips Coroner, M. D.

(Address) 1934 Edmondson

F 32330 ✓ F 32330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4810 Gwynn Oak Ave 28-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillian E. Ward
If U.S. Veteran specify WAR .....

(a) Residence: No. 4810 Gwynn Oak Ave, ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widow.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jas Francis Ward

6. DATE OF BIRTH (month, day, year) Aug 9, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** None

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.**

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila Pa

FATHER

13. NAME George C. Adams.

14. BIRTHPLACE (city or town) (State or country) Conn.

MOTHER

15. MAIDEN NAME Hannah Snow.

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr Arthur A Ward
(Address) 4810 Gwynn Oak Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Feb 15 37

19. UNDERTAKER Wm Heckrotte Sons
(Address) Pratt & Fulton

20. FILED ... 19 ... Registered No. ...

FEB 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11 . 1937

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1936 to Feb 11 1937

I last saw h[illegible] alive on Feb 11 - 1937 Death is said to have occurred on the date stated above, at 4 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Syncope	about 1 yr ago
Other contributory causes of importance: Chronic Interstitial nephritis	Several years

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? usual Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) G. Lebrun Ewell M. D.
(Address) 329 S. St Paul St

F 32331

32331
32491

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-c

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John R McDonald

(a) Residence: No. 547 W 6th St., Ward. Erie Pa
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Agnes McDonald

6. DATE OF BIRTH (month, day, year) 2-12-66

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	—	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Banker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Jas McDonald

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Marg Burgess

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Erie Pa Date Feb 16 1937

19. UNDERTAKER John O Mitchell Sons

(Address) 1900 Eutaw Place

20. FILED FEB 14 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 1937 to Feb 14 1937

I last saw him alive on Feb 14 1937 Death is said to have occurred on the date stated above, at 7:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, sigmoid	4 mos
Other contributory causes of importance: Perforated tubular pneumonia	3 days

Was an operation performed? Yes Date of February 10

For what disease or injury? above

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) M B Wood Lace M. D.

(Address) John Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

B 2335-99

F 32332

B 32332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-C

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 1-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wilhemia Schurr

(a) Residence: No. 432 Broad St — St., ... Ward. Augusta Ga —
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/21/71

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME Chas - Sanckens

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Mertins

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records —

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Augusta Ga Date Feby 16 1937

19. UNDERTAKER John Mitchell Sons

(Address) 1400 Eutaw Place

20. FILED ..... 19 ..... Register No.

B 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 1937 to Feb. 13 1937

I last saw her alive on Feb. 13 1937. Death is said to have occurred on the date stated above, at 9 0m m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-11-37
Other contributory causes of importance: brain tumor cerebellar - malignant	?

Was an operation performed? yes Date of 1-9-37

For what disease or injury? Brain tumor

What test confirmed diagnosis? microscopic section Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. F. Jonas Jr. M. D.

(Address) Johns Hopkins Hospital

32334 F 32333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 1-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sallie P. Jamison

(a) Residence: No. Trenton St., ... Ward. S. Car.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William B.

6. DATE OF BIRTH (month, day, year): 5-19-86

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): S. Car

FATHER

13. NAME: Charles Wilson

14. BIRTHPLACE (city or town) (State or country): S.C.

MOTHER

15. MAIDEN NAME: Dora Black

16. BIRTHPLACE (city or town) (State or country): S.C.

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place: Trenton S.C. Date: Feby 16 1937

19. UNDERTAKER: John Mitchell & Son
(Address) 1900 Eutaw Place

19. Filed ..... 19 ..... Registrar

B 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1937, to Feb 13, 1937

last saw her alive on Feb 13, 1937. Death is said to have occurred on the date stated above, at 7.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Disease	?
Chronic Vascular Nephritis	?

Other contributory causes of importance:

Hypertensive Encephalopathy	2/1/37
Uremia	2/1/37

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Rankin C. Blount, M. D.

(Address) Johns Hopkins Hosp. Balto. Md.

F 32334 ✓ F 32334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7-23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 8-3 St., ... Ward)

Length of residence in city or town where death occurred ... yrs. 6 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Shook

(a) Residence: No. 1105 N. Port St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug. 2, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles F. Shook

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Marie Hansen

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mother Marie Shook

(Address) 1105 N. Port St Same

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb 15th 1937

19. UNDERTAKER Leo E. Crook

(Address) 1703 N. Patterson Park Ave

Filed FEB 14 1937 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1937 to Feb 13 1937

I last saw h.e alive on Feb 13 1937 Death is said to have occurred on the date stated above, at 3 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Measles	2-4-37
2 Bronchopneumonia	2-5-37

Other contributory causes of importance: None

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis D. Schweinhaut, M. D.

(Address) Sydenham Hospital

#20750

32335

HEALTH DEPARTMENT—CITY OF BALTIMORE

32335

CERTIFICATE OF DEATH

95-13

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 12-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 6 mos. 13 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Albert Oelman (Wilhelm Albert Oelmann) If U. S. Veteran specify WAR

(a) Residence: No. 649 Portland St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Carrie

6. DATE OF BIRTH (month, day, year) ~~7/29/65~~

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~65~~ 71		6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fireman

10. Date deceased last worked at this occupation (month and year) Feb

11. Total time (years) at occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Frederick Oelmann (Deceased)

14. BIRTHPLACE (city or town) ? Germany
(State or country)

MOTHER

15. MAIDEN NAME Dora Detoney (Deceased)

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT C. Oelmann
(Address) 644 Portland St.

18. BURIAL, CREMATION, OR REMOVAL 2/18/37
Place Date 19

19. UNDERTAKER Geo. H. Leimbach
(Address) 1418 Lyndhurst St.

20. FILED 19 Registrar.

2.14.1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 11 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 2 - 1 . 1937 to 2 - 11 . 1937

I last saw him alive on 2 - 11 . 1937 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Dis.	2 yrs.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation No

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Carney M. D.

(Address) Baltimore City Hospitals

32336 E 32336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

144a-145a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. Ver. Hos. 11-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 7 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Violet C. Hobson

(a) Residence: No. 6204 Frederick Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Arthur B. Hobson

6. DATE OF BIRTH (month, day, year) April 29-1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Louis B. Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Clara Hilpert

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Arthur B. Hobson

(Address) 6204 Frederick Road

18. BURIAL, CREMATION, OR REMOVAL

Place Westview Cem. Date Feb. 16 1937

19. UNDERTAKER J. B. Hepburn & Son

(Address) Baltimore Md.

20. FILED 19 Registrar

FEB 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-13-1937

22. I HEREBY CERTIFY, That I attended deceased from 2-6-37 19 to 2-13-37 19

I last saw her alive on 2-13-37 19 Death is said to have occurred on the date stated above, at 5:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pregnancy Placenta Previa	
Other contributory causes of importance Puerperal Sepsis	

Was an operation performed? Yes Date of 2-6-

For what disease or injury? Placenta Previa

Name of operation Section.

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. P. Stephens M. D.

(Address) 1216 Eutaw Place

F 32337

F 32337

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

If U. S. Veteran specify WAR

2. FULL NAME Emma A. Savoy

(a) Residence: No. Cooksville Howard co. Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. H. Savoy

6. DATE OF BIRTH (month, day, year) May 13 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	68	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Geo. Washington

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME ? Dixon

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wm. Savoy

(Address) Cooksvill Md.

18. BURIAL, CREMATION, OR REMOVAL Place Cooksville Md. Date Feb 16 1937

19. UNDERTAKER Steer & Son Inc Ellicottville Md

(Address)

20. FILED FEB 17 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1937.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

B 32338 F 32338

32498

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-2 Ward)

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Sealing

(a) Residence: No. Simpsonville St., ... Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Sealing

6. DATE OF BIRTH (month, day, year) 4-26-88

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Leonard Sealing

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Katharine Bassler

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Oct. 16 1937

19. UNDERTAKER Easton Sons & Edmondson City.

(Address)

20. FILED OCT 14 1937 Huntington Pittsburgh

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb - 3, 1937, to Feb 13, 1937.

I last saw him alive on Feb 13, 1937. Death is said to have occurred on the date stated above, at 9 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia.	
Diabetes mellitus.	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? X-ray, & Lab. findings Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Mitchell Grabwick, M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

F 32339

F 32339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Mary's Rectory

CITY OF BALTIMORE: (No. Homeland Ave St. 2-7-12 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rev. Bartholomew Hartwell

(a) Residence: No. St. Mary's Rectory Homeland Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 16th 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	1	25 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0015

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 33 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Bartholomew Hartwell

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Joanna Boland

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Miss E. Hartwell

(Address) 5316 Hendley Rd. (City)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Feb. 15 19 37

19. UNDERTAKER J. S. DURNING & SONS CO. Homeland Sts.

(Address)

FILED FEB 14 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11th 1937

22. I HEREBY CERTIFY, That I attended deceased from June 15 1936 to February 11th 1937

I last saw him alive on February 10th 1937 Death is said to have occurred on the date stated above, at 1.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Indefinite

Other contributory causes of importance:

Heart failure (gradual)	Feb 11/37

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Reginald J. Tonry M. D.

(Address) 414 E. North Ave

F 32340

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32340

CERTIFICATE OF DEATH

93C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 859 Park Ave. St. 11-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jessie B. Brown Stellman

If U. S. Veteran specify WAR

(a) Residence: No. 869 Park Ave (Apartment Apt.) Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. P. Stellman

6. DATE OF BIRTH (month, day, year) May 25th 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Robt Brown Jr

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Elizabeth Lemell

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Miss Katherine D. Brown

(Address) 859 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Feb. 16 1937

19. UNDERTAKER Harry St. Jenkins & Sons

(Address) McCulloh & Orchard Sts

20. FILED FEB 14 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 14 1936 to Feb. 13 1937

I last saw her alive on Feb 12 1937 Death is said to have occurred on the date stated above, at 7:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Myocarditis	Gradual
Auricular Fibrillation	
Other contributory causes of importance: Arterio Sclerosis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W H Hardy M. D.

(Address) 140 W Park ave.

OCCUPATION IS VERY important. SEE INSTRUCTIONS ON BACK OF CERTIFICATE

F 32341 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32341

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. W-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Arthur Chenoweth

(a) Residence: No. 155 Kenwood Ave. Pikesville St., Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maude M. Chenoweth.

6. DATE OF BIRTH (month, day, year) June 24 - 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Transit Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore County, Md.

FATHER

13. NAME George Chenoweth

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ruth Moran

16. BIRTHPLACE (city or town) (State or country) Wales England

17. INFORMANT Maude M. Chenoweth
(Address) 15 Kenwood ave. Pikesville md

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Feb-17 1937

19. UNDERTAKER Frank H. Newell
(Address) Pikesville Md.

20. FILED ... 19 ... Registrar

FEB 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 13 , 1937

22. I HEREBY CERTIFY, That I attended deceased from 2 - 6 , 1937 to 2 - 13 , 1937

I last saw him alive on 2 - 13 , 1937 Death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Hypertensive Cardiovascular Disease & congestive heart failure	1934
Other contributory causes of importance: Bronchopneumonia	2-10-36

Was an operation performed? no Date of ~

For what disease or injury? ~

Name of operation ~

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ~ Date of injury ~, 19...
Where did injury occur? ~
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ~
Manner of injury ~
Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ~

(Signed) J. Freeman M. D.
(Address) Mercy Hosp.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

F 32342 F 32342

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4310 Dewey Ave 27-14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Bright

If U. S. Veteran specify WAR

(a) Residence. No. 4310 Dewey Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jannie E. Bright

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gloucester Va.

FATHER

13. NAME Joseph Bright

14. BIRTHPLACE (city or town) (State or country) Gloucester Va.

MOTHER

15. MAIDEN NAME Cyntha Ann Bright

16. BIRTHPLACE (city or town) (State or country) Gloucester Va.

17. INFORMANT Jannie Bright

(Address) 4310 Dewey Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Gloucester Point Va Date 2-16-, 1937

19. UNDERTAKER J. Reston Gootkepper

(Address) 219 Gaither Street

20. FILED FEB 15 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1937

22. I HEREBY CERTIFY That I attended deceased from Dec 28, 1936 to Feb. 13, 1937

I last saw h... alive on Feb. 13, 1937. Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cyclonephritis	Dec 1936

Other contributory causes of importance:

Nephritis

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. Thos. Huggins M. D.

(Address) 2243 Madison Ave

32343 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32343

CERTIFICATE OF DEATH 20999 V131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 17-W Ward)
Life

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR

2. FULL NAME Ethel Mooney

(a) Residence: No. 644 W. Hoffman St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Leander

6. DATE OF BIRTH (month, day, year) 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Un.

MOTHER

15. MAIDEN NAME Rosie Thorn

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 2/16 1937

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-13 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-10 1937 to 2-13 1937

I last saw h.e.r. alive on 2-13 1937 Death is said to have occurred on the date stated above, at 9:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular Renal Disease	Symptoms at least 3 mos

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Thos. E. Rainey M. D.

(Address) Baltimore City Hospitals

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK.

F 32344 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32344

CERTIFICATE OF DEATH

34-23 20814

Registered No. 2391

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 2391 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Vernon Forbes

(a) Residence: No. 203 W. Henrietta St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Forbes

6. DATE OF BIRTH (month, day, year) 12-25-1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Thomas Forbes

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Annie Bailey

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place MD Colony Date 2-17 193

19. UNDERTAKER James A Hayes
(Address) 142 W Fayette St

20. FILED 19 Registrar

FEB 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-13 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-9 1937 to 2-13 1937

I last saw him alive on 2-13 1937 Death is said to have occurred on the date stated above, at 12½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute tuberculous Pneumonia	2 wks
Other contributory causes of importance: None	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospitals

F 32345

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32345

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Charlotte Howe

If U.S. Veteran specify WAR

(a) Residence: No. 852 Robert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher (retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public schools

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Berryville Va

FATHER

13. NAME Henry Howe

14. BIRTHPLACE (city or town) (State or country) Berryville Va

MOTHER

15. MAIDEN NAME Fannie Potter

16. BIRTHPLACE (city or town) (State or country) Berryville Va

17. INFORMANT Miss Lucy Howe
(Address) 1756 Kearney St, N.W.

18. BURIAL, CREMATION, OR REMOVAL
Place Lincoln Cem. Date 2-15- 1937

19. UNDERTAKER Jno. Ger. H. Holland
(Address) 1601 Druid Hill Ave.

20. FILED 19 ... Register

B 1315

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1. 1937 to Dec. 12. 1937

I last saw her alive on Dec. 12. 1937 Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular-renal disease	1933?

Other contributory causes of importance:

None

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James D. Carr, M. D.

(Address) 515 Mosher St

F 32346

F 32346 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Raynor Ave & Dukeland St 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Edward Walter Schisler

(a) Residence: No. 1900 Frankford Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 20 1936

7. AGE	Years	Months 6	Days 22	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME George F. Schisler

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Josephine Gaskey

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs Geo. F. Schisler

(Address) 1900 Frankford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem Date Feby 15 1937

19. UNDERTAKER Harvey Hood Sons, Inc

(Address) 3301 E Baltimore St

20. FILED FEB 15 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 12 1937

22. I HEREBY CERTIFY, That I attended deceased from January 31st 1937 to February 12 1937

I last saw him alive on February 12th 1937 Death is said to have occurred on the date stated above, at 9.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Bronchopneumonia	1-27-37

Other contributory causes of importance:

None

Was an operation performed? None Date of .....

For what disease or injury? .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) West Balto General Hosp

F 32347

F 32347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen'l Hosp St. ..... Ward) 20-3

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Mrs. Elsie B. Lynch

(a) Residence: No. 2020 Eagle St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert E. Lynch

6. DATE OF BIRTH (month, day, year) July 29, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Isaac Brooks

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Mary A. McCauley

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Robert E. Lynch

(Address) 2020 Eagle St.

18. BURIAL, CREMATION, OR REMOVAL

St Mary's Hampden Date Feb 15, 1937

19. UNDERTAKER Chenoweth Son

(Address) 3615-17 Chestnut Ave.

B 15 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/11 1937 to 2/13 1937

I last saw h[illegible] alive on 2/13/37, 19.., 6:20 p.m. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac collapse	2/13/37
Hysterectomy	2/12/37

Other contributory causes of importance:

Hypertension cardio vascular renal disease

Was an operation performed? Yes Date of 2/12/37

For what disease or injury? Fibroid uterus

What test confirmed diagnosis? Gross Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] D.

(Address) West Balto Gen'l Hosp

F 32348

32348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Church Home & Inf. St. 6-5 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William A. Harting

If U.S. Veteran specify WAR

(a) Residence: No. Lansdowne, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Anna E. Goetz Harting

6. DATE OF BIRTH (month, day, year) July 25, 1877.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Building Supply

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Harting

14. BIRTHPLACE (city or town) (State or country) Wash. D.C.

MOTHER

15. MAIDEN NAME Ida Kroeger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Margaret Niedling (Daughter)
(Address) Hammonds Ferry Rd. Lansdowne

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb. 15, 19 37

19. UNDERTAKER Harry H. Kuhlke
(Address) 1101 Edmondson Ave.

20. FILED 2-15-1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4 . 1937 to Feb. 12 . 1937.
I last saw him alive on Feb. 12 . 1937. Death is said to have occurred on the date stated above, at 8 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung, left.	1936
Other contributory causes of importance: pulmonary embolism	2/12/37

Was an operation performed? yes Date of 2-12-37
For what disease or injury? 1st stage pneumonectomy

What test confirmed diagnosis biopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19 —
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) G. L. Ackerman M. D.
(Address) Church Home & Infr.

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

32349

HEALTH DEPARTMENT—CITY OF BALTIMORE

32349

CERTIFICATE OF DEATH

108

Registered No. 10-5

1. PLACE OF DEATH St. Agnes' Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton Ave. St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Mr. Alfred Falahee

(a) Residence: No. 403 Millington Lane, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine J. Smith Falahee

6. DATE OF BIRTH (month, day, year) July 20, 1876.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mrs. Catherine J. Falahee, 403 Millington Lane.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb. 16, 19 37

19. UNDERTAKER Harry H. Mustafee
(Address) 4101 Edmondson Ave.

20. FILED FEB 15 1937 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-13-1937

22. I HEREBY CERTIFY, That I attended deceased from 2-7-1937 to 2-13-1937
I last saw him alive on 2-13-1937. Death is said to have occurred on the date stated above, at 2.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2-5-37
Cardio-Vascular Failure	

Other contributory causes of importance:
Pleurisy

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so specify

(Signed) Louis G. Llewelyn M. D.
(Address) St. Agnes Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

2350 F 32350

CERTIFICATE OF DEATH ✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 742-McKewin Ave. St., 9-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Olivia J. Evans

If U.S. Veteran specify WAR ....

(a) Residence: No. 742-McKewin Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Evans

6. DATE OF BIRTH (month, day, year) Aug. 28, 1849

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
87	5	16	~~22~~ 27

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Cook

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Edward Evans

(Address) 3523-Greenmount Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date ~~February 15~~ 17

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1725-Harford Ave.

FILED FEB 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1937 to Feb 13 1937

I last saw h... alive on Feb 14 1937 Death is said to have occurred on the date stated above, at 4:30 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Lobar	
Other contributory causes of importance:	

Was an operation performed? no Date of ....

For what disease or injury? ....

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? no If yes, ...

(Signed) Edward Jenkins M. D.

(Address) 2252 Harford Road

F 32351

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32351

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital St. 22 (Ward) 6 — Registered No. 186-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Life — Length of residence in city or town where death occurred yrs. mos. ds. — How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mogan Hamilton — If U.S. Veteran specify WAR

(a) Residence: No. 811 N. Eutaw St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not None

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anundel Co, Md

FATHER

13. NAME Not None

14. BIRTHPLACE (city or town) (State or country) Not None

MOTHER

15. MAIDEN NAME Not None

16. BIRTHPLACE (city or town) (State or country) Not None

17. INFORMANT Ethel Boon (Address) 809 Eutaw St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Feb 13 1937

19. UNDERTAKER Elroy O Wilson (Address) 1001 Brantley Ave

Filed 15 1937 19 Registered 19

MEDICAL CERTIFICATE OF DEATH

X

20. DATE OF DEATH (month, day, year) Feb 11 1937

I HEREBY CERTIFY, That I attended deceased from 1-6-37, 19..., to 2-11-37, 19... I last saw h.. alive on 2-11-37, 19... Death is said to have occurred on the date stated above, at 5:20 A.m.

The principal cause of death and related causes of importance were as follows:

Chronic Alcoholism

Pellegra

Jan 1937

Other contributory causes of importance

Dislocation Lft shoulder

Reduced Dislocation

Was an operation performed? Yes Date of 1-8-37

For what disease or injury? Dislocated (Rem) shoulder

What test confirmed diagnosis? X ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1-2 1937

Where did injury occur? 811 N Eutaw St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down steps

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Wilbur Helfrich M. D.

(Address) Univ Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

3F 32352 — 4553 — F 32352

CERTIFICATE OF DEATH

6-5 / 131

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. life St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ardella Wallace

(a) Residence: No. 1526 Mulliken St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: -

6. DATE OF BIRTH (month, day, year): 2-12-01

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35	36	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Factory
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Robert Wallace
14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Isabelle Craig
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Records JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Calvary Cem Date: Feb 15 1937

19. UNDERTAKER (Address): Robert T Williams 1515 McElderry St

20. FILED FEB 15 1937 19 ... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1937 to Feb 11 1937.
I last saw her alive on Feb 11 1937. Death is said to have occurred on the date stated above, at 11^00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Hypertension	1934
* Vascular nephritis	1936
Uremia	1937
Arteriosclerosis	1934

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Charles A. Janeway, M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

32353

CERTIFICATE OF DEATH

107-a F 32353

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. U M H. St. 12-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S. If of foreign birth? 59 yrs. mos. ds.

2. FULL NAME Mrs Sadie Storm (MERCEDES STORM)

If U. S. Veteran specify WAR

(a) Residence: No. Brooklandville Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of - - -

6. DATE OF BIRTH (month, day, year) March 27, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick A. Storm

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Anna Margaret Crouse

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Annie M. Kacker (Sister)

(Address) 410 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL Trinity Cemetery Place Date Feb. 15. 1937 19

19. UNDERTAKER HENRY SANDER & SONS. INC. Henry F. Sander

(Address) Baltimore & Broadway.

20. FILED FEB 15 1937 19 Thurston Pitts Registrar

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1937 to Feb 12, 1937.

I last saw him alive on Feb 12, 1937. Death is said to have occurred on the date stated above, at 7:8 m.

The principal cause of death and related causes of importance were as follows:

Bronchio pneumonia — Date of onset Jan 11

Other contributory causes of importance: Cardiac failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Leggett Bell M. D.

(Address) Union Memorial Hospital.

F 32354 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-4 92-a

F 32354

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 229 W. Lanvale St. St.) (Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William B. Meyer

(a) Residence: No. 229 W. Lanvale St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 21, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Abraham Meyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Fannie Bautner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. A. Winters,
(Address) 3401 Liberty Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Heb. Friendship Cem. Feby. 15, 1937

19. UNDERTAKER David Sondheim - Son.
(Address) 1902 Eutaw Place.

15 1937 [illegible] Registrar.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to July 12 1937

I last saw h[illegible] alive on Feby 12 1937 Death is said to have occurred on the date stated above, at 7.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Inter. Heart Disease	10 yrs

Other contributory causes of importance:

Arterio Sclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

~~1937~~

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [signature] M. D.

(Address) 2020 N. Charles St

32355 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 32355

CERTIFICATE OF DEATH

1-2 Y 108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 1-2 Ward)

Length of residence in city or town where death occurred 44 yrs. mos 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry A. Levy

(a) Residence: No. # 106 S. Collington Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Margaret Levy

6. DATE OF BIRTH (month, day, year) Jan 22, 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44		23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. stock clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M. S. Levy & Sons

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Harry E. Levy

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

MOTHER

15. MAIDEN NAME Mary E. Dorsey

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

17. INFORMANT Mr William E. Levy

(Address) # 1956 W. Mulberry St.,

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 2 / 17 / 1937

19. UNDERTAKER John J. Cowan & Son

(Address) # 901 Hollins Street

FILED 19 Registrar

FEB 15 1937

Huntington Avenue

OCCUPATION is very important. See instructions on back of certificate.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 / 14 / 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Date of onset

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. W. Wright, M. D.

(Address) 1010 S. Bethel Ave

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32356 — CERTIFICATE OF DEATH — 107 F 32356

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 19 W Hill St., 22-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Garrett Jones

(a) Residence: No. 19 W Hill St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	Colored	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

6. DATE OF BIRTH (month, day, year): 11/28/36

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ~ None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: James Jones

14. BIRTHPLACE (city or town) (State or country): S.C.

MOTHER

15. MAIDEN NAME: Nanie Ricks

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Nanie Ricks

(Address): 1925 Hill St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Calvary Date: 2/15/37

19. UNDERTAKER: Isaiah L Brown & Son

(Address): 1217 Mary[illegible] St

20. FILED: FEB 15 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/13/37. 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1937, to Feb 13, 1937

I last saw h[illegible] alive on Feb 13, 1937. Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	2/10/37

Other contributory causes of importance: None

Name of operation: ~ Date of: ~

What test confirmed diagnosis? ~ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ~

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D H Garrett, M. D.

(Address) 69 W Hill St

OCCUPATION is very important. See instructions on back of certificate.

Jessie M Raab

32357

HEALTH DEPARTMENT—CITY OF BALTIMORE

F. 3235

CERTIFICATE OF DEATH

210-N

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 27 St. 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME M. Raab

(a) Residence: No. ..... St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank M Raab

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ..... (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) ..... (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMANT ..... (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Feb 16, 1937

19. UNDERTAKER Josiah Settle Sons (Address) 610 W. North Ave

20. FILED FEB 15 1937 ~~Registrar~~ (SAR)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ....., 19 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Fractured Skull	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide or homicide? Accident Date of injury Feb 14, 1937

Where did injury occur? Park Lewis & Virginia Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by auto. while

Nature of injury Walking across street

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.

Coroner

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

32358

HEALTH DEPARTMENT—CITY OF BALTIMORE

32358

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore General Hospital 2-2 Registered No. 95-B

CITY OF BALTIMORE: (No. ..... St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Martha A. Barry If U.S. Veteran specify WAR ....

(a) Residence: No. 25 South Broadway St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Barry

6. DATE OF BIRTH (month, day, year) Apr 7 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Swan

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMANT Isaac Barry

(Address) 25 S Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 2/16/37

19. UNDERTAKER John Ulrich

(Address) 2008 Orleans St

FEB 15 1937 19 ..... Registrar.

(Copy)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 12, 1937 to February 13, 1937

I last saw h.. alive on February 13, 1937. Death is said to have occurred on the date stated above, at 3.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2/13/37

Other contributory causes of importance:

Arteriosclerosis, generalized	Unknown.
Arteriosclerotic Cardio-vascular disease	

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — , 19 —

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis J. Krall, M. D.

(Address) South Baltimore General Hosp.

32359

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32359

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. Gen. Hosp St., 15 11 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sara Brendel.

If U. S. Veteran specify WAR

(a) Residence: No. 3611 Copley Rd. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Philip Brendel

6. DATE OF BIRTH (month, day, year) 2/28/1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Leonhardt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosina Mozes

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry Boerner

(Address) 3611 Copley Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 2/17, 19 37

19. UNDERTAKER John Ulmer

(Address) 200 E. Lexington

FILED 19 Registrar.

FEB 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-13-37

22. I HEREBY CERTIFY, That I attended deceased from 2-10-, 1937, to 2-13-, 1937

I last saw h.e alive on 2-13-, 1937. Death is said to have occurred on the date stated above, at 6.00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach.	

Other contributory causes of importance:

Uremia.	

Was an operation performed? Yes Date of 2-12-37

For what disease or injury? Carcinoma stomach

Name of operation Gastro Enterostomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. J. F. Williams M. D.

(Address) Md. General Hospital.

OCCUPATION is very important. See instructions on back of certificate.

32360

HEALTH DEPARTMENT—CITY OF BALTIMORE 32360

CERTIFICATE OF DEATH

46-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 5-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Sue Smith Sue Pearce Smith

(a) Residence: No. 2001 N. Hilton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gordon H. Smith

6. DATE OF BIRTH (month, day, year) June 27, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME William Pearce

14. BIRTHPLACE (city or town) (State or country) Mt. Airy Maryland

MOTHER

15. MAIDEN NAME Elizabeth Henderson

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. Charles G. Smith (Address) 2001 N. Hilton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Feb. 17, 1937

19. UNDERTAKER Jos. Beck (Address) 1003 W. Baltimore St.

20. FILED FEB 15 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-15-, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/12/37, 19..., to 2/15/37, 19...

I last saw h.r alive on 2/15, 1937. Death is said to have occurred on the date stated above, at 3.12 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	
Partial obstruction	1/1/37

Other contributory causes of importance:

Was an operation performed? Yes Date of 1/18/37

For what disease or injury? Partial obstruction

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Francis S. Dickey, M. D.

(Address) University Hospital

M. D. B. 1268-9

F 32361

F 32361 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1731

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2560 Mad St. 17 Ward 7)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary L. Jackson

(a) Residence: No. 2560 Mad St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Jackson

6. DATE OF BIRTH (month, day, year) Aug. 28 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Jan. 26, 1937

11. Total time (years) spent in this occupation 52 yrs

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME David Mapus

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Lavinia Diamond

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John Jackson (Address) 2560 Mad St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Glen Date 2/16, 1937

19. UNDERTAKER Frank M. Goodson (Address) 628 N. Eutaw

20. FILED FEB 16 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1937, to Feb 14, 1937

I last saw h... alive on Feb 13, 1937. Death is said to have occurred on the date stated above, at 12:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal disease	?
Essential Hypertension	?

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. L. Adams, M. D.

(Address) 426 E 23rd St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 32362

32362 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32362

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1021 N. Stricker St., 162 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Sylvester Jones

If U. S. Veteran specify WAR .....

(a) Residence: No. 1021 N. Stricker St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of "

6. DATE OF BIRTH (month, day, year) March 8 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Willis James Jones

14. BIRTHPLACE (city or town) (State or country) Spartanburg S. C.

MOTHER

15. MAIDEN NAME Mary Williams

16. BIRTHPLACE (city or town) (State or country) Monkton Md.

17. INFORMANT Father & Mother

(Address) 1021 N. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 2/15 1937

19. UNDERTAKER Edward R. Case Sons

(Address) 838 N. Eutaw

20. FILED FEB 15 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above. 1.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Bronchial Pneumonia	

Other contributory causes of importance: None

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Thomas Cowan M. D.

Coroner

(Address) 1 E. Lexington

OCCUPATION is very important. See instructions on back of certificate.

F 32363

F 32363 HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital — Registered No. .....
CITY OF BALTIMORE: (No. Rayner Ave & Dukeland St., 7 Ward.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 30 yrs. ..... mos. ..... ds.

2. FULL NAME Louis Yatemen — If U.S. Veteran specify WAR .....
(a) Residence: No. 1711 East Baltimore St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of Mollie

6. DATE OF BIRTH (month, day, year) 9-15-1883

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Joseph
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Pearl
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 2/17/37 19

19. UNDERTAKER Jos. Levin & Son
(Address) 1439 E. Balto St.

20. FILED ..... 19 ..... Registrar.

FEB 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15th 1937 19

22. I HEREBY CERTIFY, That I attended deceased from October 28th 1936 to February 15 1937
I last saw him alive on February 15th 1937 Death is said to have occurred on the date stated above, at 7 00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	unknown
Complete heart block	2-15-37

Other contributory causes of importance:

Anemia	June 1936
Internal & External Hemorrhoids	" "

Was an operation performed? Hemorrhoidectomy 11-6-36
For what disease or injury? Hemorrhoids

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury 19
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If ... (Signed) Jos. Levin M. D.
(Address) West Balto Gen'l Hosp

F 32364

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32364

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 12-7 St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Byrd

(a) Residence: No. 2210 Oak Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lecora Byrd

6. DATE OF BIRTH (month, day, year) Oct. 10, 1908

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
28 yrs.	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beth Steel Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Enoch Byrd

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Fannie Elkins

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Greenwood S. C. Date 2/17 1937

19. UNDERTAKER Mrs Kate S. Williams
(Address) 322 N. Schroeder St

20. FILED ..... 1937 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 14 1937

22. I HEREBY CERTIFY, That I attended deceased from February 7, 1937, to February 14, 1937.

I last saw him alive on February 14, 1937. Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction	2-7-37

Other contributory causes of importance:

Bronchopneumonia

Was an operation performed? Yes Date of 2-9-37

For what disease or injury? Obstruction

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) William Gray Watson, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

B 15 1937

32365

HEALTH DEPARTMENT—CITY OF BALTIMORE

32365

CERTIFICATE OF DEATH

161-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Carroll

If U.S. Veteran specify WAR .....

(a) Residence: No. Sparks, Baltimore Co. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 7, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Curtis Carroll

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Virginia Lupo

16. BIRTHPLACE (city or town) (State or country) Oak Dell New Jersey

17. INFORMANT Curtis Carroll (Address) Sparks, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Cockeysville, Md. Date Feb. 15 1937

19. UNDERTAKER Wm. C. Burke & Son (Address) Sparks, Md.

20. FILED 19 .....

FEB 15 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1937 to Feb 15, 1937

I last saw her alive on Feb 15, 1937. Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	Birth Feb 7, 1937

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wesley J. Ketz, M. D.

(Address) Church Home & Hosp.

32366 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 32366

CERTIFICATE OF DEATH

93-D

93-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2413 Madison ave St.) (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 5-3 mos. ... ds. How long in U. S. If of foreign birth 25 yrs. ... mos. ... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME John Samet

(a) Residence: No. 2413 Madison ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rachael

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Re Coal Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Yonkram

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Yonkram

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jack Samet Son
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rest Date 8/16/37 19

19. UNDERTAKER Jack Samet Inc
(Address) 1439 E. Baltimore St

20. FILED 8 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1931 to Feb. 14 1937

I last saw h[illegible] alive on Feb 14 1937 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	5 yrs
Other contributory causes of importance: arterio-sclerosis	12 yrs.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Lewis Hollander M. D.

(Address) 1810 Eutaw Place

M. D. B. 1268-9

F 32367

32367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 935 Bevan St. 23-1 Ward)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosie Conart

(a) Residence: No. 935 Bevan St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Conart

6. DATE OF BIRTH (month, day, year) Nov. 12, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

13. NAME Don't Know (Peterson)

FATHER

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT John Henry Block (Son)
(Address) 804 N. Madeira St.

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cem. Date Feb. 17, 1937

19. UNDERTAKER L. Bovard Evans
(Address) 400 E. Chases St.

20. FILED Feb 19 1937 Harry Tipp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-14-1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10/36, 19... to Feb. 14/37, 19...
I last saw her alive on Feb. 12/37, 19... Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Mitral Regurgation. Unknown

Other contributory causes of importance:

Chronic Paranchymatous Nephritis. Unknown.

Name of operation None Date of ...

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Henry Wade Chase Jr. M. D.

(Address) 933 Hanover St.

OCCUPATION IS VERY Important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

✓ F 32368

HEALTH DEPARTMENT—CITY OF BALTIMORE

32368

CERTIFICATE OF DEATH.

93-C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 N. Fulton Ave. 16-3 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Lee Hanger

(a) RESIDENCE NO. 727 N. Fulton Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Marion Daisy Hanger.

6 DATE OF BIRTH (month, day, and year) Sept 6- 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	5	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Maynard Bartlett Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Martin Hanger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Margaret Hentzen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs L Hanger

(Address) 3038 W North Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Febry 15 1937

17 I HEREBY CERTIFY, That I attended deceased from Febry 7, 1937, to Febry 15, 1937, that I last saw h[illegible] alive on Febry 14, 1937, and that death occurred, on the date stated above, at about 5 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) — yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) Indigestion

(duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) George C. Shannon M. D.

, 19 (Address) 700 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Feb 18 1937

20 UNDERTAKER Josiah Seyfer — ADDRESS 1600 West North Ave

THION is very important See instructions on back of certificates.

M. D. F. 1268-9

F 32369

F 32369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3617 2nd St., Brooklyn 5th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. 5 ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Lois Sharkey

(a) Residence: No. 3617 2nd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 29 1926

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
0	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Herman F Sharkey

14. BIRTHPLACE (city or town) Kent County (State or country) Md

MOTHER

15. MAIDEN NAME Dorothy Menefee

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Herman F. Sharkey
(Address) 3617 2nd Ave Brooklyn

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Feb 16 1937

19. UNDERTAKER Roff C & B M. Walters
(Address) Road & Stuckert Sts

20. FILED ... Huntingtown Williams Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/14 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/11 1937 to 2/14 1937

I last saw him alive on 2/13 1937 Death is said to have occurred on the date stated above, at 12 30 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Broncho	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Samuel Cohen, M. D.

(Address) 253 Catonsville Ave

OCCUPATION is very important. See instructions on back of certificate.

F 32370

324 846
32370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 16-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marguerite Latham

(a) Residence: No. 1341 Mosher St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-1-13

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) D.C.

FATHER

13. NAME Richmond Latham

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Louise Gaines

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 2 15 1937

19. UNDERTAKER Chas. Alexander
(Address)

20. FILED 5 1937 Huntington Fillmore Registrar
14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1937, to Feb 12, 1937.

I last saw her alive on Feb 12, 1937. Death is said to have occurred on the date stated above, at 245A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	1937
Pulmonary tuberculosis	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Autopsy findings Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Charles E. Janeway, M. D.

(Address) Johns Hopkins Hospital

PHYSICIAN'S OR SURGEON'S CERTIFICATE. See instructions on back of certificate.

32371 F 32371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 4 St., W 36 Ward)

Registered No. 131

(If death occurred in a hospital or Institution, give Its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rose Brown

If U.S. Veteran specify WAR ...

(a) Residence: No. Ellicott City St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 55	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Yard
10. Date deceased last worked at this occupation (month and year) 1937
11. Total time (years) spent in this occupation 1 yr.

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Ellicott City Date Oct. 19 37

19. UNDERTAKER Easton Sons
(Address) Ellicott City

20. FILED
15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/15/37 19

22. I HEREBY CERTIFY, That I attended deceased from 2/10/37, 19 ... to 2/15/37, 19 ...

I last saw h... alive on 2/10/37, 19 ... Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Renal Disease	Unknown
Uremia	2/12/37

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Blood Chem. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) William J. Holpick M. D.
(Address) Univ. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 32372 ✓ F 32372

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. 10-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1034 Valley St. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOHN J. DELANY If U. S. Veteran specify WAR

(a) Residence: No. 1034 Valley St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie G. Delany

6. DATE OF BIRTH (month, day, year) May 10th. 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 061

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Patrick Delany

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Annie Smith

16. BIRTHPLACE (city or town) (State or country) Richmond Va.

17. INFORMANT Annie Taylor

(Address) 1034 Valley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Feb. 17th, 1937

19. UNDERTAKER Chas J. Fraud & Son

(Address) 118 W. Mt Royal ave

15 1937 Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 14 1937

22. I HEREBY CERTIFY That I attended deceased from Feb 8 1937 to Feb 14 1937

I last saw him alive on Feb 13 1937 Death is said to have occurred on the date stated above, at 8:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (Right Mid Cerebral artery) with Left side Hemiplegia	2/8/37
Other contributory causes of importance: Chr. Endocarditis	1933

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William J. Grayton M.D.

(Address) 10 E. Biddle St

✓ F 32373

32373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34a-159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 16-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residenre in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Baby Girl Wise

(a) Residence: No. 893 N. Carey St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 3, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME John Wise

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Alice Walker

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date FEB 15 1937
Commissioner of Health

19. UNDERTAKER For H. A. Moore
(Address)

FILED FEB 15 1937 Commissioner of Health, Baltimore, Md.

2991

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1936 to Feb. 11, 1937

I last saw her alive on Feb 11, 1937 Death is said to have occurred on the date stated above, at 8 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	12/3/36
Other contributory causes of importance: Congenital Syphilis	12/3/36

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suiride, or homiride? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Roland E. Brown M. D.

(Address) University Hosp.

32374 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82 F 32374

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 N. Port St., 7-2 Ward)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 87 yrs. ... mos. ... ds.

2. FULL NAME Barbara Karvacek

(a) Residence: No. 711 N. Port St. St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Karvacek

6. DATE OF BIRTH (month, day, year) Not known

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Joseph Chalone

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT (Address) Mary G. Dick 711 N. Port St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Feb 17, 1937

19. UNDERTAKER (Address) Francis Crouch & Son 1906 Eutaw Pl

20. FILED FEB 15 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 37 to Feb 14 37

I last saw her alive on Jan 14, 1937. Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance Arterio Sclerosis	1/1/37

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

(Signed) William P. Bauer M. D.

(Address) 501 N. Fulton Ave

M. D. P. 1268-9

F 32375

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32375

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1808 Ausgusta St., 9-9 Ward)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Renner

(a) Residence: No. 1808 Ausgusta St., Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Josephine Renner

6. DATE OF BIRTH (month, day, year) March 10 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Surgeon U.S. Army

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year) 1922

11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm Cooper Renner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Cooper

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Ida E Renner

(Address) 1808 Augusta St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem Date 2/16 1937

19. UNDERTAKER Wm Cook

(Address) 1217 E Fairmount St

5 1937

19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11 1937 to Feb 17 1937

I last saw him alive on Feb 13 1937 Death is said to have occurred on the date stated above, at 7:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Asthma	?
Cardiac Manifestations	?
Arteriosclerosis	?

Other contributory causes of Importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel C Dorsey M. D.

(Address) 161 E North Ave

OCCUPATION is very important. See instructions on back of certificate.

F 32376 ✓ F 32376

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32376

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hosp. Ward) 5-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Estelle M. Schaefer

If U.S. Veteran specify WAR No Record

(a) Residence: No. 1817 Moreland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ (or) WIFE of Christopher Schaefer

6. DATE OF BIRTH (month, day, year) Feb 19th 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47 43	11	24 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Henry Moeckel

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Charlotte Rondel

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Conrad Schaefer

(Address) 1817 Moreland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Feb 16th 1937

19. UNDERTAKER Wm Cook

(Address) 117 E Read St

20. [illegible] 1931 Huntington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 - 1937 to Feb. 13 1937

I last saw h alive on Feb. 13 1937 Death is said to have occurred on the date stated above, at 11 24 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized carcinomatosis Primary site - ca of stomach?	

Other contributory causes of importance:

Was an operation performed? yes Date of Feb. 4 -

For what disease or injury?

What test confirmed diagnosis? yes Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. J. Zinkel, M. D.

(Address) West Balto. General Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 32377

HEALTH DEPARTMENT—CITY OF BALTIMORE

32377

CERTIFICATE OF DEATH

20216 10.7a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 13-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie Ashley

(a) Residence: No. 2105 Herbert Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Ashley

6. DATE OF BIRTH (month, day, year). 12-13-1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hwf.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Israel Adams

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Susan Hughes

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date 2/17/37

19. UNDERTAKER Merriam Cook
(Address) 817 St Paul St

20. FILED 19 Registrar

FEB 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-11, 1937 to 2-14, 1937

I last saw her alive on 2-14, 1937 Death is said to have occurred on the date stated above, at 2:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, (Primary)	5 days
Other contributory causes of importance: Prolapse of Uterus	4 yrs.
Bilateral Hydronephrosis	Unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) [illegible] Rainey M. D.

(Address) Baltimore City Hospitals

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

32378 F 32378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hospital Ward) 6th-1

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Edward W. Slade

If U. S. Veteran specify WAR No

(a) Residence: No. 657 Dumbarton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Edward W. Slade (Nellie)

6. DATE OF BIRTH (month, day, year) July 26, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55 56	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Ajustor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0082

10. Date deceased last worked at this occupation (month and year) Feb 9, 1937

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Boonton, N. J.

FATHER

13. NAME William Slade

14. BIRTHPLACE (city or town) (State or country) Near Essex Co N. J.

MOTHER

15. MAIDEN NAME Helen Kopp

16. BIRTHPLACE (city or town) (State or country) Near Essex Co. N. J.

17. INFORMANT Mrs. William W. Slade
(Address) 657 Dumbarton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date 2/18/37

19. UNDERTAKER Wilhelm & Cook
(Address) 1217 E. Fayette St.

20. FILED 19 Registrar.

FEB 15 1937 H. Taylor Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1937 to Feb 15 1937

I last saw him alive on Feb 15, 1937. Death is said to have occurred on the date stated above, at 1.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Bilateral	2/13/37
Pneumococcic Septicemia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard N. Lose M. D.

(Address) The Union Memorial Hosp.

OCCUPATION IS VERY important. See instructions on back of certificate.

32379

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32379

CERTIFICATE OF DEATH

X 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Union Memorial Hospital St., 12-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Hall Calder

If U. S. Veteran specify WAR .....

(a) Residence: No. Bel Air, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Edward Hall Calder Dec'd

6. DATE OF BIRTH (month, day, year) April 27, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	10	17	18

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bel Air, Md

FATHER

13. NAME Robert Calder

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Nancy McClean

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Edward H. Calder

(Address) Bel Air, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date Feby 17, 1937

19. UNDERTAKER Danner & Foster

(Address) Bel Air Md

20. FILED ..... Registrar .....

FEB 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1937 to Feb. 15, 1937

I last saw h[illegible] alive on Feb. 15, 1937 Death is said to have occurred on the date stated above, at 10:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia - Bilateral	2-2-37
Influenza	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

..... If so, specify .....

(Signed) Howard H. Foy, M. D.

(Address) The Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 32380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1634 Jefferson St. 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...da. How long in U. S. If of foreign birth? ...yrs. ...mos. ...da.

2. FULL NAME Greta McRae

(a) Residence: No. 1634 Jefferson St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): May 13, 1934

7. AGE: Years 2 | Months 10 | Days 21 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Willie McRae

14. BIRTHPLACE (city or town) (State or country): Rockingham N.C.

MOTHER

15. MAIDEN NAME: Gertrude Jones

16. BIRTHPLACE (city or town) (State or country): Red Springs N.C.

17. INFORMANT: Willie McRae

(Address) 1634 Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary D. Feb. 16 1937

19. UNDERTAKER: Robert H. Young

(Address) 804 N. Caroline St.

20. FILED ... 1937 ... Registrar.

15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 14 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/9 1937 to 2/14 1937

I last saw h.. alive on 2/14 1937 Death is said to have occurred on the date stated above, at 805 m. A

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	Jan 25

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Rayner Brown M.D.

(Address) 5510 E. madison

F 32381

32381 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 4330 E. Lombard St. St., 26 H Ward)

Registered No.....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna E. Sweeney.

(a) Residence: No. 4330 E. Lombard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank Sweeney.

6. DATE OF BIRTH (month, day, year) Oct. 26th. 1904.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	3	I7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore.

FATHER

13. NAME Joseph Porach

14. BIRTHPLACE (city or town) (State or country) Austria.

MOTHER

15. MAIDEN NAME Susanne Mikula.

16. BIRTHPLACE (city or town) (State or country) Austria.

17. INFORMANT Joseph Porach.
(Address) 4330 E. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
St. Stanislaus Date 2-I6-37. 19

19. UNDERTAKER Wendell E Humphreys.
(Address) 1501 N. Broadway.

Huntington Williams M.D.

15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-I3-37. 19

22. I HEREBY CERTIFY, That I attended deceased from July 6 1936 to Febuay 13 1937 that I last saw her alive on Febuay 13 1937 Death is said to have occurred on the date stated above at 7.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Bronchopneumonia	May 1936
2 Bronchiectasis	Dec 1936
Other contributory causes of importance: Cardiac dilatation	Jan 1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Allen P. Sikorsky M. D.

(Address) 1939 E. Oldenborg

OCCUPATION is very important. See instructions on back of certificate.

32382 F 32382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3423 University Pl St. 12-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 5 mos 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amelia Schrader

If U.S. Veteran specify WAR ....

(a) Residence: No. 3423 University Pl St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of August Schrader

6. DATE OF BIRTH (month, day, year) Aug 27, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME J. A. Rost.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Yeager.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Robert L. Ralthff

(Address) 3423 University Pl

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cy Date Feb 16 37

19. UNDERTAKER Wm. M. Dickey Sons

(Address) Ford & Paca St.

20. FILED 19 By ... Registrar

15 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1937 to Feb 13 1937

I last saw her alive on Feb 13 1937 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb 6-37

Other contributory causes of importance:

None

Was an operation performed? No Date of ....

For what disease or injury? ....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Jos. L. Valentine 6 M. D.

(Address) 16 So Broadway.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 32383

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32383

CERTIFICATE OF DEATH

1. PLACE OF DEATH Aged Womens Home 108

CITY OF BALTIMORE: (No. 1404 W Lexington St., 19-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hannah L Lerman

(a) Residence: No. 1404 W Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 2 1848

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
88	9 8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Kummer

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary E Forstal
(Address) 1404 W Lexington

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Feb 16, 1937

19. UNDERTAKER Vernon Kuhner
(Address) 307 E Lanvale St

Filed ..... 19..... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/14, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1927 to February 14, 1937

I last saw her alive on February 13, 1937. Death is said to have occurred on the date stated above, at 5:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lober pneumonia duration about 3 wks.	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Owen E Foard M. D.

(Address) 1115 St. Paul St., City.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 32384

32384 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. South Baltimore General Hospital St., ... Ward)

Length of residence in city or town where death occurred 68 yrs. 6 mos. 26 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ida B. Owings.

(a) Residence: No. 1471 Woodall St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of John Owings.

6. DATE OF BIRTH (month, day, year) July 18, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Sykes.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT John W. Owings. (son)
(Address) 1326 Andre St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem aa Date Feb. 17 19 37

19. UNDERTAKER Margaret A. Flynn
(Address) 1432 Light St

20. FILED Huntington Fitzgerald Registrar
15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 13, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Malignancy.	
Toxemia.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Otto H. Reinhardt M. D.
Coroner
2/15/37 (Address) 1017 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

✓ F 32385

32385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton Ave St. 24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary Cadden

If U.S. Veteran specify WAR

(a) Residence: No. 1829 Belt St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Cadden

6. DATE OF BIRTH (month, day, year) Dec 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Michael Dunleavy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Flynn

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Michael Cadden

(Address) 1829 Belt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Feb. 16 1937

19. UNDERTAKER Margaret B. Flynn

(Address) 426 Light St.

20. FILED Feb 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-13- 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-10- 1937 to 2-13- 1937

I last saw her alive on 2-13- 1937 Death is said to have occurred on the date stated above, at 4.00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Lobar Pneumonia	2-1-37
Cardio-Vascular Failure	

Other contributory causes of importance:

Obesity

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Louis L. Llewelyn, M. D.

(Address) St. Agnes Hospital

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

✓ F 32386

32386 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3015 Guilford av St. 12-2 Ward

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George J. Neus

If U.S. Veteran specify WAR .....

(a) Residence: No. 3015 Guilford av St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Crean

6. DATE OF BIRTH (month, day, year) May 2, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 1066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Adam Neus

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Florence Neus.
(Address) 3015 Guilford av

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Feb. 16, 1937

19. UNDERTAKER John A. Moran
(Address) 3000 E. Baltimore St

(Filed) Huntington Pittsburgh, Pa. (Registrar)

FEB 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1933 to Feb 13 1937

I last saw alive on Feb 13 1937 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid pneumonia complicating Cerebral Hemorrhage	Jan 28, 37
Other contributory causes of importance	
Cerebral Hemorrhage	July 1936

No

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert E. Lukasky M. D.

(Address) 2939 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

✓ F 32387

32387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 108

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. 12-6

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 19 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ....

2. FULL NAME Herbert Blackwell

(a) Residence: No. Lottsburg, Va. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Negro	single

5a. If married, widnwed, or divorced HUSBAND of (nr) WIFE of

6. DATE OF BIRTH (month, day, year) February 14, 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deckhand 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant Seaman

10. Date deceased last worked at this occupation (month and year) 2-8-37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lottsburg
(State or country) Va.

FATHER

13. NAME Marion Blackwell

14. BIRTHPLACE (city or town) Lottsburg
(State or country) Va.

MOTHER

15. MAIDEN NAME Lee Emma Hooper

16. BIRTHPLACE (city or town) Lottsburg
(State or country) Va.

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place Northumberland Co. Feb 1937

19. UNDERTAKER George L. G. Gibson
(Address) 351 Druid Hill Ave

Feb 15 1937 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 11, 1937, to February 14, 1937

I last saw him alive on 14th February, 1937. Death is said to have occurred on the date stated above, at 6:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, left	9 days
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clin. find. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) T. M. H. a clerk, M. D.

(Address) U.S. Marine Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 32388 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32388

CERTIFICATE OF DEATH

93-C

Registered No. 15-11

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3408 Grantley Road St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Esther Regester Meginniss,

(a) Residence: No. 3402 Grantley Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Meginniss,

6. DATE OF BIRTH (month, day, year) November 16, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Georges Co., Md.

FATHER

13. NAME Robert Regester,

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Susanna Eaton,

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Paul Meginniss,
(Address) 3402 Grantley Road

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date FEB 16 1937

19. UNDERTAKER Geo. W. Fitts
(Address) 2700 Edmondson Ave.

FEB 15 1937 Huntingtown, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 13 1937

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1937 to Feb 13, 1937

I last saw h.. alive on Feb 10, 1937. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Syncope	short hours
Other contributory causes of importance: Acute Intestinal Nephritis	over 2 weeks

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? usual Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no.

(Signed) F. Leslie Ewalt M. D.

(Address) 2945 St Paul St

OCCUPATION is very important. See instructions on back of certificate.

F 32389

32389 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

108

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3702 Gwynn Oak Ave. St. 28-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth: ..... yrs. ..... mos. ..... ds.
If U. S Veteran specify WAR .....

2. FULL NAME Adolph E.Meinl,

(a) Residence: No. 3702 Gwynn Oak Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lydia R.Meinl,

6. DATE OF BIRTH (month, day, year) Sept.28.1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	4	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Butcher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month, day, year) Feb.6.1937
11. Total time (years) spent in this occupation 58 Yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Lydia R.Meinl.
(Address) 3702 Gwynn Oak Ave.

18. BURIAL, CREMATION, OR REMOVAL FEB 16 1937
Place Druid Ridge Date. 19

19. UNDERTAKER Harry W. Eblen
(Address) 1944 W. North Ave.

15 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 13 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/9/37 19..... to 2/13/37 19.....
I last saw him alive on 2/13/37 19..... Death is said to have occurred on the date stated above, at 5:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. (a) Pneumonia	2/9/37
(b)	
(c)	
(d)	
Other contributory causes of importance: Carbon Monoxide (Accidental Gas)	

Was an operation performed? — Date of —
For what disease or injury? .....
Name of operation — Date of .....
What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, state .....

(Signed) Henry C. Houck M. D.
(Address) 14 W. Lexington St.

F 32390

F 32390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

213-F

1. PLACE OF DEATH — Pronounced dead at the South Baltimore General Hospital.

CITY OF BALTIMORE: (No. ... St., ... Ward.)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. — mos. — ds. — How long in U. S. If of foreign birth 33 yrs. — mos. — ds.

2. FULL NAME — Vincent Rossi.

If U. S. Veteran specify WAR. ...

(a) Residence: No. 403 S. Eden St. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced — HUSBAND of (or) WIFE of — Mildred Rossi.

6. DATE OF BIRTH (month, day, year) March 31, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Stevedore.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Italy.

FATHER

13. NAME — Joseph Rossi.

14. BIRTHPLACE (city or town) (State or country) — Italy.

MOTHER

15. MAIDEN NAME — Do not know.

16. BIRTHPLACE (city or town) (State or country) — Do not know.

17. INFORMANT — Mildred Rossi. (wife)

(Address) 403 S. Eden St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb. 16, 1937

19. UNDERTAKER — Wendell Hoffman

(Address) 1405 S. Bond St.

20. FILED ... 19 ... Registrar.

B 16 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 12, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquest found that said deceased came (Inquest, Autopsy or Inquiry) to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the Skull	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation No Date of ...

What test confirmed diagnosis? inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2-12-37, 19...

Where did injury occur? S/S "Maunawile" (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Pier No. 1 Ft. of Clinton St.

Manner of injury Fell into hold of ship

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify ...

(Signed) Otto M. Reinhardt, M. D. 2/15/37 Coroner

(Address) 1017 S. Charles St.

F 32391

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32391

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Douglas

If U. S. Veteran specify WAR

(a) Residence: No. 1915 McCulloh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Mar. 18, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
50		10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Tom. Newman

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Elizabeth Rich

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Emma Smith

(Address) 1915 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cemetery Date Feb 16, 1937

19. UNDERTAKER Archibald A. Stubbs

(Address) 2101 McCulloh St.

20. FILED FEB 16 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1937 to Feb 14, 1937

I last saw h alive on Feb 13, 1937 Death is said to have occurred on the date stated above, at 3.35 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Vascular Disease	
Other contributory causes of importance: Cerebral Hemorrhage	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard H. Pembrooke M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

32392 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 32392

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 12-2 St., Ward)

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Elizabeth Price

If U. S. Veteran specify WAR

(a) Residence: No. Cardiff, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Edward Price

6. DATE OF BIRTH (month, day, year) Dec 25, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	60	1	9 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Hugh W. Hughes

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Catherine Jones

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Daughter - Mrs John J. Smith

(Address) 4922 Greenlawn Road, City

18. BURIAL, CREMATION, OR REMOVAL

Place Delta Pa Date Feb 19, 1937

19. UNDERTAKER Hubert P Stakem

(Address) Delta Pa

20. FILED ... 19 ... (Registrar.)

Feb 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1937 to Feb 16, 1937

I last saw h[illegible] alive on Feb 15, 1937. Death is said to have occurred on the date stated above, at 3:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia (both lower lobes)	Feb 7

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold H. Low, M. D.

(Address) Union Memorial Hosp

OCCUPATION IS VERY important. See instructions on back of certificate.

VS 3

F 32393

32393 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 Druid Hill ave Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie M. Hall

If U.S. Veteran specify WAR

(a) Residence: No. 1019 Druid Hill ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 25, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Geo. Co. Md.

FATHER

13. NAME John Briscoe

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Priscilla Berry

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Gertrude Hall
(Address) 1019 Druid Hill ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem Date 2/16/ 1937

19. UNDERTAKER Frances A. Hemsley
(Address) 578 W. Biddle St.

20. FILED 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1936 to Feb 13 1937

I last saw h[illegible] alive on Feb 13 1937 Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of Importance were as follows:

	Date of onset
Chronic Nephritis	
Other contributory causes of importance:	
Uraemia	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Physical Signs Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H Grampkins M. D.

(Address) 701 W Hamburg St

OCCUPATION is very important. See instructions on back of certificate.

B 3 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

32394 F 32394

CERTIFICATE OF DEATH

V 95-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rosalie Douglas

(a) Residence: No. 1236 E. Chase St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 27 1876

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	60	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Joseph P. Douglas

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Mary E. Gallece

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs E. H. Ritter
(Address) 3200 Packard Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cemetery Date Feby 18 1937

19. UNDERTAKER Henry Strauss Sons, Inc
(Address) 301 E Eager St.

20. FILED FEB 18 1937 Huntington Williamsport Pa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6 1937 to Feb. 15 1937

I last saw her alive on Feb. 15 1937. Death is said to have occurred on the date stated above, at 2 45 m. PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardio-Vascular Disease	?
Congestive Heart Failure	3 wks
Other contributory causes of importance:	
Terminal Broncho-pneumonia	5 days

Was an operation performed? Yes Date of —

For what disease or injury? .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Frank R Stephenson, M. D.

(Address) St Josephs Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

32395

32395

92-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 428 S. Stolfe St. E. or W. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Mary Schriefer

(a) Residence: No. 428 S. Stolfe St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (Write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About.	54	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ooo

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Bartholomey Schriefer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Dentzlein

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs. Schriefer

(Address) 428 S. Stolfe St

18. BURIAL, CREMATION, OR REMOVAL Date Feb. 19 1937

Holy Redeemer Cem. Essex, Md

19. UNDERTAKER Henry Abel & Sons, Inc

(Address) 1301 E Eager St.

20. FILED ..... 19 ..... Registrar

FEB 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 16 1937

22. I HEREBY CERTIFY, That I attended deceased from January 1 1937 to Feb 16 1937

I last saw him alive on Feb 15 1937 Death is said to have occurred on the date stated above, at 2:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	00
Other contributory causes of importance: Failure of Circulation	Jany 1/37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Walter Thomas M.D.

(Address) 1506 Bonfoe Rd

F 32396

32396 HEALTH DEPARTMENT—CITY OF BALTIMORE #14792

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

life

If U. S. Veteran specify WAR

2. FULL NAME Frederick Timpel

(a) Residence: No. 3033 Barclay St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise E. Timpel

6. DATE OF BIRTH (month, day, year) 3/28/1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Horonomied Timpel

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) ? Unknown

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Louden Park Cemetery Feb. 17, 1937

19. UNDERTAKER Chas. O. Davis & Son

(Address) 118 W. Mt. Royal Ave.

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-14-1937

22. I HEREBY CERTIFY, That I attended deceased from 6-20-1936 to 2-14-1937. Death is said to have occurred on the date stated above, at 7:45 P.m.

I last saw him alive on 2-14-1937

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia, (Primary) — Date of onset 3 Days

Other contributory causes of importance: Arteriosclerotic Heart Dis. — Unk

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospital

OCCUPATION is very important. See instructions on back of certificate.

32397 HEALTH DEPARTMENT—CITY OF BALTIMORE 32397

CERTIFICATE OF DEATH

V 53-E

1. PLACE OF DEATH — Morrell Pk. — Registered No. 25-3

CITY OF BALTIMORE: (No. 2312 James St., No. ..... Ward.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bertha G. Miller — If U.S. Veteran specify WAR .....

(a) Residence: No. 2312 James St., Ward. ..... (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Howard M Miller

6. DATE OF BIRTH (month, day, year) May 15 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) May 36

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore md

FATHER

13. NAME Eugene Smith

14. BIRTHPLACE (city or town) (State or country) Buffalo N.Y.

MOTHER

15. MAIDEN NAME Amelia Grimm

16. BIRTHPLACE (city or town) (State or country) Baltimore md

17. INFORMANT Mr Howard M Miller

(Address) 2312 James St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 16 1937

19. UNDERTAKER John F Denny

(Address) 715 Light St

20. FILED FEB 16 1937 19 ..... Registrar ..... by .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1936 to Feby 13 1937

I last saw her alive on Feby 13 1937 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Carcinoma of Glands	?
Other contributory causes of importance Pericardial degeneration	?
Cerebral Metastases	3mo

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Inflammation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Geo. McCleaster M. D.

(Address) 710 Cathedral

F 32398

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32398

CERTIFICATE OF DEATH

161-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 Talbott St. 25-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Louis Clayton

If U. S. Veteran specify WAR .....

(a) Residence: No. 10 Talbott St St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Feb. 15, 1937

7. AGE: Years — | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Clarence Clayton

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Beatrice Fouty

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Clarence Clayton

(Address) 10 Talbott St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Cedar Hill Date: Feb 16, 1937

19. UNDERTAKER: John F Denny

(Address) 716 Eiga St

20. FILED ..... 19 ..... Registrar

B 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1937, to Feb. 15, 1937

I last saw h.IM alive on Feb. 15, 1937. Death is said to have occurred on the date stated above, at 9:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia Neonatorum	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. [illegible] Clayton M. D.

2/16/37 (Address) 1644 Hanover St

OCCUPATION IS VERY important. See instructions on back of certificate.

F 32399

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32399

CERTIFICATE OF DEATH

12-B

12-3

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 437 Ilchester Ave., St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Blick Chiles

If U.S. Veteran specify WAR

(a) Residence: No. 437 Ilchester Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Claiborne G. Chiles

6. DATE OF BIRTH (month, day, year) Oct. 22, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond, Va.

FATHER

13. NAME Benjamin F. Blick

14. BIRTHPLACE (city or town) (State or country) Nashville, Tenn.

MOTHER

15. MAIDEN NAME Annie Wright

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Claiborne G. Chiles

(Address) 437 Ilchester Ave.,

18. BURIAL, CREMATION, OR REMOVAL

Place Richmond, Va. Date Feb. 17, 1937

via W. Hasbrouck

19. UNDERTAKER John F. Denny

(Address) 715 Light St.

20. FILED 19 Registrar

FEB 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1937, to Feb 15, 1937

I last saw h Sr alive on Feb 14, 1937 4.30 Death is said to have occurred on the date stated above, at p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkin's Disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. R. Goodbrand M. D.

(Address) 3923 St Paul St

F 32400

32400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenham Hospital 2-W Ward)

Length of residence in city or town where death occurred 2 yrs. 1 mos. 29 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Price

(a) Residence: No. 125 - S. Durham St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 17, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Omer Price

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna Koller

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Anna Koller

(Address) 125 S Durham St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb 16, 1937

19. UNDERTAKER Martin H. E. Oppel

(Address) 27 S Ann St

20. Filed ... 19 ... Registrar

FEB 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1937 to Feb. 15, 1937

I last saw him alive on Feb. 15, 1937 Death is said to have occurred on the date stated above, at 7:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus Meningitis	2/5/37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Sidney Salmon M. D.

(Address) Lyndenham Hospital

OCCUPATION is very important. See instructions on back of certificate.

Baddock

F 32401

32401 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St. 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Tillie Buddock

(a) Residence: No. 1714 Ruxton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Hyman Baddock

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Bertha

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 2/16/37 19

Hebrew Friendship

19. UNDERTAKER Jos. Levin & Bro

(Address) 1432 E. Balto St

FEB 16 1937 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-14-1937

22. I HEREBY CERTIFY, That I attended deceased from 2-4 1937 to 2-14 1937

I last saw her alive on 2-14 1937 Death is said to have occurred on the date stated above, at 11.55 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Pulmonary Tbc.
Tuberculous Meningitis

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) B Rochelin M. D.

(Address) Sinai Hosp

F 32402

32402 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 Shields Place Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elizabeth Williams

If U. S. Veteran specify WAR

(a) Residence: No. 1128 Shields Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 15 - 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joshua Williams

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rosie Bennett

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Elizabeth Williams

(Address) 1120 Shields Place

18. BURIAL, CREMATION, OR REMOVAL

Date Auburn Cem 2-16 1937

19. UNDERTAKER Benson & Skeyhill

(Address) 818 Druid Hill Ave

20. FILED FEB 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	Abt 1 Day
	1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Vesalius Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.
Coroner.

(Address) 507 Augusta St

OCCUPATION is very important. See instructions on back of certificate.

V 5-6

F 32403

32403 1937 32403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

139-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rebecca West

(a) Residence: No. 10 Carroll St., ... Ward. Annapolis Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8-28-71

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid. Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Enoch Carroll

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Annapolis Md.

Place Bruce Hill Cem Date 2-19-37

19. UNDERTAKER Charles E Hicks

(Address) Annapolis Md

20. FILED FEB 16 1937 (Signature) [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb-14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1937 to Feb 14, 1937

I last saw her alive on Feb 14, 1937 Death is said to have occurred on the date stated above, at 8 45 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, bilateral	Feb. 7, 1937.
Ileostomy.	Dec 15, 1936.
Fecal fistula.	Dec. 22/36

Other contributory causes of importance:

High ileostomy. Fecal fistula

Decubitus ulcer: Hypotension

Was an operation performed? yes Date of Dec. 15, 1937.

For what disease or injury? Paravesical cyst.

[redacted]

What test confirmed diagnosis? autopsy Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C. Bernard Brack M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

13-32404 90

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 32404

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 14-3 Ward)

Registered No. 56

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eleanor King

(a) Residence: No. 556 Robert St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8-8-24

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John King

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Etta Queen

16. BIRTHPLACE (city or town) (State or country) Wash D.C.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem Date 2/16 1937

19. UNDERTAKER Walter D. Sipes

(Address) 1919 W. Lombard St.

20. FILED 19 [illegible] Registrar.

FEB 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1937 to Feb 12 1937

I last saw her alive on Feb 12 1937 Death is said to have occurred on the date stated above, at 6.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Rheumatic Fever;	Jan, 1931
Rheumatic Heart Disease	1931
Myocardial Failure	Feb, 1937

Other contributory causes of importance:

Pulmonary edema

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No. Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles A. Janeway M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

32405 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 32405

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 Riggs Ave St. 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frapt Thomas Rice

If U. S. Veteran specify WAR

(a) Residence: No. 1707 Riggs Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Rice

6. DATE OF BIRTH (month, day, year) Feb 28 - 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

FATHER

13. NAME John Rice

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER

15. MAIDEN NAME Rebecca Thomas

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Mrs [redacted] Smith

(Address) 1707 Riggs Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Feb 16 1937

19. UNDERTAKER V. A. Brooks

(Address) 1463 Carey St.

FEB 16 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 11 1937 to Feb 12 1937

I last saw him alive on Feb 12 1937. Death is said to have occurred on the date stated above, at 3:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1½ D
Other contributory causes of importance: Mitral Stenosis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dr. M. C. Parker, M. D.

(Address) 1114 Harford Ave

OCCUPATION is very important. See instructions on back of certificate.

F 32406

32406 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32406

CERTIFICATE OF DEATH

✓ 159

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Deaver

(a) Residence: No. 2327 McElderry St., 1st Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	2 hrs. or 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md -

FATHER

13. NAME Calvert Deaver

14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME Pearl Brown

16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT Records -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL FEB 16 1937 , 19
COMMISSIONER OF HEALTH

19. UNDERTAKER Per H. A. Moore
(Address)

FEB 16 1937 Registrar

2994

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8 , 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 8 , 1937 to Feb 8 , 1937

I last saw him alive on Feb 8 , 1937 Death is said to have occurred on the date stated above, at 4 yo Md -

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Lydia B Edwards M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 32407 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32407

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mary Allene Walters 16-4159 Registered No.

CITY OF BALTIMORE: (No. [illegible] St., 16 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Allene Walters

(a) Residence: No. 611 [illegible] St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 20, 1916

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) [illegible]
(State or country)

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) Montgomery Co.
(State or country) Virginia

MOTHER

15. MAIDEN NAME Margaret Doubleheiser

16. BIRTHPLACE (city or town) Montgomery Co.
(State or country) Virginia

17. INFORMANT Margaret Walters

(Address) 611 Druid St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. John's Cemetery Date Feb. 16, 1937

Ellicott City Md.

19. UNDERTAKER Charles G. Schwab

(Address) 506 N. Monroe St.

20. Filed FEB 16 1937 [illegible] for Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1937 to Feb 13 1937

I last saw h[illegible] alive on Feb 12, 1937 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. [illegible]	Feb 10
2. [illegible]	Feb 3

Other contributory causes of importance: Cancer

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

V S 3 OCCUPATION is very important. See instructions on back of certificate.

32408 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 32408

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1320 Lamade St. 16-2 Ward)

Length of residence in city or town where death occurred 17 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Emma Williams Howard, If U. S. Veteran specify WAR. ____

(a) Residence: No. 1320 Lamade St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Color	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John.

6. DATE OF BIRTH (month, day, year) Sept 15 - 1891

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
45	5-4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Green Co Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) ____

MOTHER

15. MAIDEN NAME Josie Williams

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Louisa Williams sister (Address) 442 E. 23-St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cem. Date Feb 16, 1937

19. UNDERTAKER John R. Elliott daughter (Address) 1129 N. Carlton St.

FEB 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1937 to Feb 13, 1937

I last saw her alive on Feb 12, 1937. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis T	1
Pulmonary Tuberculosis	1 10
	13

Other contributory causes of importance: over

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____

(Signed) W. H. Hale M. D.

(Address) 1122 N. [illegible]

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32409

CERTIFICATE OF DEATH

107-a E 32409

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. E. North & Lanvale St., Ward)

Length of residence in city or town where death occurred 2 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward E. Spencer

(a) Residence: No. 2527 Garrett St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 6, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Balto City
(State or country)

FATHER

13. NAME Albert S. Spencer

14. BIRTHPLACE (city or town) Balto City
(State or country)

MOTHER

15. MAIDEN NAME Fannie Perezoy

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Albt S Spencer
(Address) 2527 Garrett St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rod. Date Feb. 16 1937

19. UNDERTAKER John A. Mgan
(Address) 3000 E. Balto St.

Filed Feb 18 1937 Huntington Williams MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Secondary Anaemia	2
Rickets	3

Other contributory causes of importance:

Bronchio Pneumonia 2 mos	2

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner, M. D.

(Address) Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32410

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

6-2 164-a

F 32410

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2728 E. Baltimore St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabetta Esler

(a) Residence: No. 2728 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced (or) WIFE of Leroy E. Esler

6. DATE OF BIRTH (month, day, year) Nov. 22 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Joseph Gabusch

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Marie Poole

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Leroy Esler
(Address) 2728 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Feb 16 37

19. UNDERTAKER John A. McGan
(Address) 3300 E. Baltimore St.

FEB 16 1937

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb. 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon monoxide poisoning (illuminating gas)	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 2/13/1937
Where did injury occur? 2728 E. Balto. St., Balto., Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Put gas tube in mouth
Nature of injury Turned on gas.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Wheeler, M. D.
Coroner
(Address) 1914 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 32411 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 32411

Registered No. 210-M

1. PLACE OF DEATH Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 2-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary A. McDonough If U. S. Veteran specify WAR .....

(a) Residence: No. 227 S. Castle St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John McDonough

6. DATE OF BIRTH (month, day, year) July 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bath Me.

MOTHER

13. NAME Hugh Friel

14. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

15. MAIDEN NAME Ellen McKenna

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Margaret McDonough
(Address) 227 S. Castle St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Bath. Date Feb 17 1937

19. UNDERTAKER John A. McGann
(Address) 3010 E. Baltimore St.

20. FILED FEB 15 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 2/13, 1937

Where did injury occur? Hopkins Hospital
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Hurt by auto Vehicle

Nature of injury Fracture skull

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Hubert Kirby Pate, M. D.
Coroner

(Address) 501 N. Charles

OCCUPATION is very important. See instructions on back of certificate.

V 8 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32412 — CERTIFICATE OF DEATH — F 32412

1. PLACE OF DEATH South Baltimore General Hospital — Registered No.

CITY OF BALTIMORE: (No. 1213 Light St. — St. — Ward 15) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth 35 yrs. mos. ds.

2. FULL NAME John Bagginovez - Bagdinovich — If U.S. Veteran specify WAR

(a) Residence: No. 1401 Filbert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Not known - 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
38	39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Adam Bagdinovich

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Elizabeth Zavkus

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Elizabeth Bagdinovich (Address) 1401 Filbert St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross A.C. Date Feb. 17, 37

19. UNDERTAKER John Gzefliauckza (Address) 723 S. Paca St.

20. FILED 2 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1937 to Feb. 14, 1937

I last saw him alive on Feb. 14, 1937. Death is said to have occurred on the date stated above, at 9 55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema of the glottis	
Terminal bronchopneumonia	
complicating influenza	
Other contributory causes of importance:	

Was an operation performed? yes Date of 2-12-37

For what disease or injury? Tracheotomy 2-13-37

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James L. Mabbott, M. D.

(Address) 1213 Light St

F 32413

32413 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 316 South Ann Street St. 7-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Mary Rybarczyk

(a) Residence: No. 316 South Ann Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - -

6. DATE OF BIRTH (month, day, year) Sept 11th 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Andrew Rybarczyk

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Victoria Karczewski

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Mrs. Rose Lijewski
(Address) 316 South Ann Street

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Feb 18th 1937

19. UNDERTAKER George A. Weber
(Address) 705 S Ann st

20. FILED ..... 19 .....

DEC 15 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 14th 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1936 to Feb 14 1937

I last saw h[illegible] alive on Feb 14 1936 Death is said to have occurred on the date stated above, at 11.20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	1/1/37
Other contributory causes of importance: Bronchial Pneumonia	Feb 11 37
	Feb 11 37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What was confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? .....
If specify

(Signed) William J Ryan M. D.

(Address) 801 N Stanwood

OCCUPATION is very important. See instructions on back of certificate.

F 32414

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 32414

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 8-1 ..... Ward) 46-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Josie Macumber

If U. S. Veteran specify WAR .....

(a) Residence: No. 2936 Clifton Park Terrace Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richmond T. Macumber

6. DATE OF BIRTH (month, day, year) May 19, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60 yrs	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Hart

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Supple

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL.

Place Cathedral Cem Date 2/18 1937

19. UNDERTAKER Maynard G. Tilyou

(Address) 1432 Light St

FEB 16 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) Feb. 16, 1937

21. I HEREBY CERTIFY, That I attended deceased from February 10, 1937 to Feb 15, 1937

I last saw her alive on Feb 15, 1937. Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid Colon	July 1936
Intestinal Obstruction	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 2/13/37

For what disease or injury? Intestinal Obstruction

Name of operation Laparotomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward S. Stafford, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

V8 8

F 32415

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32415

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 414 East Gittings St (Ward) 2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Dilehunt

If U.S Veteran specify WAR ...

(a) Residence: No. 414 East Gittings st Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 27, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm Dilehunt

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Atkinson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Wm Granger

(Address) 414 Gittings St

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk Date 2/17 1937

19. UNDERTAKER Margaret A Flynn

(Address) 1742 Eager

20. FILED FEB 16 1937 H. E. Tom Tillmann M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 15, 1937.

22. I HEREBY CERTIFY, That I attended deceased from February 7 1937 to February 15 1937

I last saw him alive on February 15, 1937 Death is said to have occurred on the date stated above, at 7.20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	Not known
Chronic Nephritis	
Other contributory causes of importance: Cerebral Hemorrhage	Feb. 7, 1937

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Physical & Laboratory Exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Edward Norris M. D.

(Address) 107 East west st.

OCCUPATION is very important. See instructions on back of certificate.

F 32416 ✓ F 32416

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1749 Jackson St. 24-E Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas FLYNN

If U.S. Veteran specify WAR .....

(a) Residence: No. 1749 Jackson St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Aug 10/66

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk dock

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Phila Pa

FATHER

13. NAME Michael Flynn

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Sands

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Nellie Flynn

(Address) 1749 Jackson

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 2/19/37

19. UNDERTAKER Margaret G. Flynn

(Address) 1422 Light St

FEB 16 1937 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16, 1937.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1937 to Feb. 16, 1937

I last saw him alive on Feb. 16, 1937 Death is said to have occurred on the date stated above, at 7-a m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of LARYNX. — Date of onset Not Known

Other contributory causes of importance: .....

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Physical Examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. Edward Norris M. D.

(Address) 107 East West street

OCCUPATION is very important. See instructions on back of certificate.

John Oleksik

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32417

32417

CERTIFICATE OF DEATH

Registered No. 213-9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2-1 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Oleksik

(a) Residence: No. 1919 Bank St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Oleksik

6. DATE OF BIRTH (month, day, year) 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Longshoreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foreman D of Y

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Andrew Oleksik

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Tillie Stembor

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Pauline Oleksik Wife

(Address) 1919 Bank St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Feb. 17, 1937

19. UNDERTAKER Fred W. Ozarowski

(Address) 1930 Eastern Ave.

20. FILED FEB 16 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry, thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry, find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Injury (Chest)	
Fracture of Femur	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 2/12/37

Where did injury occur? Pier No. 1, Canton P.RR Co. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Struck by Pipe while Loading Car

Nature of injury 1st Examination by Coroner at Boston

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Longshoreman

(Signed) J. J. Sollen, M. D. Coroner

(Address) 753 S. Wolfe St.

OCCUPATION is very important. See instructions on back of certificate.

F 32418

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32418

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2530 Fleet St. St. 1-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Beatrice Savage

If U. S. Veteran specify WAR

(a) Residence: No. 2530 Fleet St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 19/ 1917

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME David Savage

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Ella Simons

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT David Savage (Father)
(Address) 2530 Fleet St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date Feb. 17 1936

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

20. FILED 19
Registrar.

FEB 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14/37 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 1. 1936 Feb 14 1937

That saw h.. alive on Feb 13, 1937. Death is said to have occurred on the date stated above, at 2pm. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) G. Knox Insley M. D.
(Address) 2430 E. Balt

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32419

CERTIFICATE OF DEATH

21021 107-D 32419

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Kathleen Hally (Halaj)

(a) Residence: No. 3034 Elliott St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-7-35

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Leonard

14. BIRTHPLACE (city or town) Balto. (State or country)

MOTHER

15. MAIDEN NAME Margaret Amrhein

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Records of Balto. City Hospts (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Date Feb 17 1937

19. UNDERTAKER Libby & Zeiler Inc (Address) 623 S Arlington Ave

20. FILED FEB 16 1937 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-14 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-11 1937 to 2-14 1937

I last saw h[er] alive on 2-14 1937 Death is said to have occurred on the date stated above, at Noon m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 2-12-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R B Dacey M. D.

(Address) Baltimore City Hospital

F 32420

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32420

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1-5 St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Delores Harrison

(a) Residence: No. 617 N. Bond St., St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	13 mos		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Horace Harrison

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna Jones

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Feb 17 1937

19. UNDERTAKER Robt. T. Williams
(Address) 1518 McElderry St

20. FILED ... 19... Registrar.

Feb 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 15 1937

22. I HEREBY CERTIFY, That I attended deceased from February 1st 1937 to February 15 1937

I last saw h[illegible] alive on February 15 1937 Death is said to have occurred on the date stated above, at 11.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar	Jan 31

Other contributory causes of importance: None

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Lee Jenkins, Con M. D.

(Address) Johns Hopkins Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 32421

32421

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Lyndenham Hospital St., 9-25 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos.11..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

If U. S. Veteran specify WAR

2. FULL NAME Ronald Moore

(a) Residence: No. Redwood ave, Parkville St., Ward.
(Usual place of abode) (If non-resident give city or town and State) Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 29, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	7	17 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Parkville Md.

FATHER

13. NAME Raymond Moore

14. BIRTHPLACE (city or town) (State or country) Hamilton Md.

MOTHER

15. MAIDEN NAME Mildred Hall

16. BIRTHPLACE (city or town) (State or country) Wilmington Del.

17. INFORMANT Mr Moore
(Address) Redwood Ave Parkville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Morelands Park Date Feb 17th 1937

19. UNDERTAKER Leo G Crook
(Address) 1703 N Patterson Park Ave

Feb 16 1937

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1937 to Feb. 15, 1937

I last saw him alive on Feb. 15, 1937. Death is said to have occurred on the date stated above, at 11:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Measles	1/7/37
Bronchopneumonia	1/31/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Sidney Gelman M. D.
(Address) Lyndenham Hospital

F 32422

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a F 32422

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers Hosp St. 401 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Campbell

If U.S. Veteran specify WAR .....

(a) Residence: No. Luray Va St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lot Mary E. Campbell

6. DATE OF BIRTH (month, day, year) Jan 9, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME — Campbell

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Roger Pettle Sparrows Pt Md
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Luray Va Date Feb 17 36

19. UNDERTAKER Harry H. Pottle
(Address) for Edmonds Huntington Ave

20. FILED FEB 15 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 15 , 1937

22. I HEREBY CERTIFY, That I attended deceased from 2 - 4 , 1937 to 2 - 15 , 1937

I last saw h[illegible] alive on 2 - 15 , 1937. Death is said to have occurred on the date stated above, at 4.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1934

Other contributory causes of importance:

Aortic Stenosis	1935

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) A. J. Connery M. D.

(Address) Vol - Hospital

OCCUPATION is very important. See instructions on back of certificate.

32423 ✓ F 32423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 14-3 Ward) 210-M

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Libby — U. S. Veteran specify WAR .....

(a) Residence: No. ..... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0010

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country)

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) ..... (State or country)

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMANT ..... (Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Staunton Va Date 2/17/37

19. UNDERTAKER Thos. E. Nelson (Address) 1203 Greenmount Ave

20. FILED 2 16 1937 ..... Registrar.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ....., 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ....., M. D. Coroner

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 32424

F 32424 HEALTH DEPARTMENT—CITY OF BALTIMORE

94-B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Carlins Park St. 26-11 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Eckhardt, If U. S. Veteran specify WAR

(a) Residence: No. 3238 Eastern Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Louise Eckhardt

6. DATE OF BIRTH (month, day, year) June 5 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop

10. Date deceased last worked at this occupation (month, day, year) Dec 26

11. Total time (years) spent in this occupation 52

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Andrew Eckhardt
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER
15. MAIDEN NAME Caroline Z
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Geo. E. Eckhardt Son
(Address) 3231 E. Eager Baltimore

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date Feb. 17. 1937

19. UNDERTAKER Henry J. Sander.
(Address) HENRY SANDER & SONS. INC. Baltimore & Broadway

16 1937 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb, 14 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above named on (Inquest, Autopsy or Inquiry) thereon, and from the evidence [illegible] (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. @ 5.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Warren Abrams M.D. Coroner

(Address) 1215 Maryland

M. D. B. 1268-9

F 32425

F 32425 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. 14-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1733 Linden Av St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 7 mos. 13 ds. How long in U. S. if of foreign birth? 68 yrs. 7 mos. 13 ds.

2. FULL NAME Dr. Edward Richardson Owings If U. S. Veteran specify WAR NONE.

(a) Residence: No. 1733 Linden Av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Lamworth Owings

6. DATE OF BIRTH (month, day, year) July 2 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Medicine

10. Date deceased last worked at this occupation (month and year) Feb 15 37

11. Total time (years) spent in this occupation 38 yrs

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Henry W. Owings

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Annie M. Owings

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mrs Mary T. Owings (wife)
(Address) 1733 Linden Av.

18. BURIAL, CREMATION, OR REMOVAL.
Place Woodlawn Date Feb 18 1937

19. UNDERTAKER Elsewood Mortuary
(Address) 1018 Eutaw Place

FEB 16 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above, 4.53 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Chas. Green Coroner M. D.

(Address) 1216 Hanover

OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of

F 32426

HEALTH DEPARTMENT—CITY OF BALTIMORE

32426

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1407 Mt Royal St. 14-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 10 mos. 15 ds. How long in U. S. If of foreign birth 52 yrs. 10 mos. 15 ds.

2. FULL NAME Bernard Joseph Dischinger

If U.S. Veteran specify WAR NONE.

(a) Residence: No. 1407 Mt Royal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillian V. Dischinger

6. DATE OF BIRTH (month, day, year): March-30-1884

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	52	10	15 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Asst Mgr 2086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gen Elec. Supply

10. Date deceased last worked at this occupation (month and year): Feb 13 1937

11. Total time (years) spent in this occupation: 28 yrs.

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Chas Dischinger

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Mary A. Schewe

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Mrs L. V. Dischinger (wife)

(Address) 1407 Mt Royal Ave.

18. BURIAL, CREMATION, OR REMOVAL:

Place Dry Brook Harford Co. Feb 17-37

19. UNDERTAKER: Stewart & Morton Co.

(Address) 108 W Mt Royal Ave.

FEB 16 1937

Huntington Ave. 1576

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 14 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 . 1936 to Feb 14 . 1937

I last saw him alive on Feb 10 . 1937. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal Vascular disease	2 yrs

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. W. Wheeler . M. D.

(Address) 4309 York Rd

OCCUPATION is very important. See instructions on back of certificate.

32427 F 32427

HEALTH DEPARTMENT—CITY OF BALTIMORE

324495

CERTIFICATE OF DEATH

46-7

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 27-13 Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dr Duncan S Johnson — If U. S. Veteran specify WAR .....

(a) Residence: No. 23 Merrymount Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Mary Linsty

6. DATE OF BIRTH (month, day, year) 7-21-67

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Phy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Internist
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Conn

FATHER

13. NAME Ed. T. Johnson
14. BIRTHPLACE (city or town) (State or country) Conn

MOTHER

15. MAIDEN NAME Lucy E Starr
16. BIRTHPLACE (city or town) (State or country) Conn

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cemy Date Feb 18, 1937

19. UNDERTAKER John D. Mitchell & Son
(Address) 1900 Eutaw Place

20. FILED FEB 19 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1937 to Feb 16, 1937
I last saw h.. alive on Feb 16, 1937. Death is said to have occurred on the date stated above, at 12 40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Feb 8th
For what disease or injury? Ca of Pancreas
Name of operation Cholecystgastrostomy
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James R Leeman M. D.
(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

V8 8

M. D. B 1265-9

✓ F 32428

F 32428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Tuscany Apts. 40th St. & Stoney Run Lane, 12-1 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Bane Fletcher

(a) Residence: No. Tuscany Apts. 40th St & Stoney Run Lane, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced (~~HUSBAND of~~) (or) WIFE of Frederic A Fletcher

6. DATE OF BIRTH (month, day, year) July 14, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) W. Brownsville, Wash. Co. Pennsylvania

FATHER
13. NAME William Bane
14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER
15. MAIDEN NAME Philena Griffith
16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Frederic A Fletcher
(Address) Tuscany Apts

18. BURIAL, CREMATION, OR REMOVAL
Place Centerville Md. Date 2-18 19 37

19. UNDERTAKER John C Mitchell & Sons
(Address) 1900 Eutaw Pl.

Filed FEB 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1934 to Feb. 15, 1937.
I last saw her alive on Feb. 15, 1937. Death is said to have occurred on the date stated above, at 12.55 P.M. PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1936
Cerebral hemorrhage	2/15/37
Other contributory causes of importance: Hypertension	1936

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John W. Parsons M. D.
(Address) Tudor Arms Apts.

FEB 16 1937

S3

Exact statement of the cause of death in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

✓ F 32429

32429

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1601 Ramsay St. 19-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth 40 yrs. mos. ds.

2. FULL NAME Harry Kessler

If U.S. Veteran specify WAR .....

(a) Residence: No. 1601 Ramsay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Celia

6. DATE OF BIRTH (month, day, year) 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1065

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaiah

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Lena

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 2/17/37 19

19. UNDERTAKER Jack Lewis Inc

(Address) 1439 E. Baltimore St.

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-16-37 19

22. I HEREBY CERTIFY, That I attended deceased from November 31 to February 16 19 37

I last saw him alive on February 15 19 37 Death is said to have occurred on the date stated above, at 6:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arterio Sclerosis	1935
Chronic Myocarditis	1936
Coronary Thrombosis	Feb 15, 1937

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 ...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Meyer L. Solomon M. D.

(Address) 129 S. Broadway

FEB 16 1937

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 32430

32430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 203-9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 526 Light St. St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ////// yrs. ////// mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Dayton Irving Deitz.

(a) Residence: No. Hotel Millner, 900 Cathedral St. Ward. Albany N.Y.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Do not know.

6. DATE OF BIRTH (month, day, year): Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	////	////	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shipping clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Libby McNeil & Libby.

10. Date deceased last worked at this occupation (month and year): 2/15/37

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Albany N. Y.

FATHER

13. NAME: Do not know.

14. BIRTHPLACE (city or town) (State or country): Do not know.

MOTHER

15. MAIDEN NAME: Do not know.

16. BIRTHPLACE (city or town) (State or country): Do not know.

17. INFORMANT: Charles Lent.
(Address) 526 Light St.

18. BURIAL, CREMATION, OR REMOVAL: Albany N.Y. Date Feb 16th 1937

19. UNDERTAKER: Bernard E. Harder
(Address) 131 E West St.

Feb 16 1937 Huntington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 15, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows: Internal injuries, crushed about the body, caught between elevator and floor. Accidental death. — Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 2/15/37

Where did injury occur? 526 Light St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: In industry

Manner of injury: Caught between Elevator

Nature of injury: Crushed about body

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify

(Signed) Otto M Reinhardt M. D.
Coroner

2/16/37 (Address) 1017 S. Charles St.

Make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 32431

32431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53 E

Registered No. 27-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5002 Harford Rd. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 0 mos. 29 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Albert H. Ling Jr.

(a) Residence: No. 5002 Harford Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

6. DATE OF BIRTH (month, day, year): Nov. 15, 1927

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
10	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md

FATHER

13. NAME: Albert H Ling Sr.

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Agnes H. McDonough

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT (Mother) Agnes H. Ferruggio

(Address) 5002 Harford Road

18. BURIAL, CREMATION, OR REMOVAL: Baltimore Cemetery Date Feb 17, 1937

19. UNDERTAKER: Elmer K. Conklin

(Address) 924 E. Eager St.

10 1931 Huntington Avenue, Baltimore, Md. Registrar.

OCCUPATION is very important. See instructions on back of certificate. Enter statement of fact, as nearly as may be in plain terms, so that it may be properly classified.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1936 to Feb 14, 1937

I last saw him alive on Feb 13, 1937. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Empyema Empyema	last week
(b)	about
(c)	
(d)	

Other contributory causes of importance: Toxemia

Was an operation performed? No Date of ...

For what disease or injury? No

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jno. O. Gear, M. D.

(Address) 705 Med. Arts Bldg. Balto. Md

32432 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 32432

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3207 O'Donnell St. 56-11 Ward)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George E. Lightner

If U.S Veteran specify WAR ... no

(a) Residence: No. 3207 O'Donnell St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katie Lightner

6. DATE OF BIRTH (month, day, year) April 23-1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sawyer 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Canton Lumber Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Theodore Lightner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Katie Lightner

(Address) 3207 O'Donnell St.

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity cem. Date Feb. 18 1937

19. UNDERTAKER George W. Zibler

(Address) 1737 E. Eager St.

FEB 16 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1937 to Feb. 15 1937

I last saw him alive on Feb. 15/37 Death is said to have occurred on the date stated above, at 7.20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Was an operation performed? no. Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) Henry B. Fithian, M. D.

2/16/37. (Address) 2504 E. Pratt St.

OCCUPATION is very important. See instructions on back of certificate.

F 32433

32433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. 1131

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME James Landy

If U. S. Veteran specify WAR Span. Amer.

(a) Residence: No. 730 E. Pratt St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 21, 1866

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	70	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0031

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Wilmington, Del.
(State or country)

FATHER

13. NAME Peter Landy

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Alice O'Brien

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
[illegible] Cem. Date 2/17 1937

19. UNDERTAKER Robert Brookshire
(Address) Galen & Hollis St

B 16 1931 Huntington & Pulaski Sts

M Albert Cem

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 14 1937

22. I HEREBY CERTIFY, That I attended deceased from February 12 1937 to February 14 1937

I last saw him alive on February 14 1937 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, chronic, interstitial	Unknown
Bronchopneumonia, terminal	Terminal
Senility	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) T. M. H. Anderson, M. D.

(Address) U. S. Marine Hospital, Balto., Md.

OCCUPATION is very important. See instructions on back of certificate.

F 32434

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32434

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.
CITY OF BALTIMORE: (No. 12-5 St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 11 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Littleton T. Clark — If U. S. Veteran specify WAR WW

(a) Residence: No. 423 E. Lanvale St. St., ... Ward. Richmond Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Challis

6. DATE OF BIRTH (month, day, year) Sept. 2, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Counterman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) Feb. 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

FATHER

13. NAME Jackson Clark

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mattie Darby

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Date 2/19 1937

19. UNDERTAKER Robert Brooks Sons
(Address) Cathedral & Madison Sts.

20. FILED FEB 16 1937 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 14. 1937

22. I HEREBY CERTIFY, That I attended deceased from February 9 1937 to February 14 1937

I last saw him alive on February 14 1937 Death is said to have occurred on the date stated above, at 1:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar	2 wks.
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What was confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) T. B. H. Anderson M. D.
(Address) U.S. Marine Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 32435

32435 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1428 N. Gay St. 8-7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine M. Berry

If U.S. Veteran specify WAR .....

(a) Residence: No. 1428 N. Gay St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Joseph A. Berry

6. DATE OF BIRTH (month, day, year) Feb. 14 - 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Michael Muhlnickel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joseph A. Berry

(Address) 1428 N. Gay St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb. 18 1937

19. UNDERTAKER John E. Miller

(Address) 2435 E. Monument St.

20. FILED 1937 Huntington Title Co., Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15 1937

22. I HEREBY CERTIFY, That I attended deceased from September 23 1936 to February 15 1937

I last saw her alive on February 15 1937 Death is said to have occurred on the date stated above, at 11 ± (a.m.)

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis. — Date of onset 7 yrs. ago.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert Rosenberg M. D.

(Address) 3025 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

32436 # 20980 F 32436

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St., 23 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs.....mos.....ds. How long in U. S. If of foreign birth?...yrs.....mos.....ds.

If U. S. Veteran specify WAR

2. FULL NAME Marie Kuhlman

(a) Residence: No. 2612 Llewellyn Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jacob

6. DATE OF BIRTH (month, day, year) 5-5-1895

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
41	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Unknown~~ Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Joseph Hupka

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 19 1937

19. UNDERTAKER John G. Tyller
(Address) 2433-G. E. Biddle St

20. FILED ..... 19.....
Registrar.

FEB 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-15 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-9- 1937 to 2-15 1937

I last saw her alive on 2-15 1937 Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	2-9-37
Paralytic Ileus	2-10-37

Other contributory causes of importance:

Uterine Fibroids	?

Was an operation performed? Yes Date of 2-9-37

For what disease or injury? Acute Appendicitis

Name of operation Appendectomy - Hysterectomy

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) A. E. Hauteman M. D.

(Address) Baltimore City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

32437

4810 Belair Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 F 32437

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3213 Hamilton Ave St. 27-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Blanche M. Tyson

If U.S. Veteran specify WAR .....

(a) Residence: No. 3213 Hamilton Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry G. Tyson

6. DATE OF BIRTH (month, day, year) June 3 - 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Clark Rice

14. BIRTHPLACE (city or town) (State or country): Vermont

MOTHER

15. MAIDEN NAME: Mary Chance

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Harry G. Tyson

(Address) 3213 Hamilton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Feb 16 37

19. UNDERTAKER: Albert W. Gregory

(Address) 440 E. Baltimore St

16 1937 Huntington Williams [illegible]

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 26 1936 to Feb. 13 1937

I last saw her alive on Feb 13 1937. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Breast.	1936
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? \

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify —

(Signed) J S Harding M. D.

(Address) 4810 Belair Rd

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

✓ F 32438

F 32438

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 527-S. Caroline Street St., 3-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 40 yrs. ... mos. ... ds.

2. FULL NAME John Adam Trzeciak

If U. S. Veteran specify WAR .....

(a) Residence: No. 527-S. Caroline Street St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Weller

6. DATE OF BIRTH (month, day, year) 12/15/1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. ... min.
65	2	-	xxxxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oysterman

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Lillian Trzeciak

(Address) 527-S. Caroline Street

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 2/17/37 19

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1725-[illegible]

[illegible] Registrar.

B 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 15 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to ... death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importanre were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importanre:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. W. Wright Coroner M. D.

(Address) 1014 S. [illegible] Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32439

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32439

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hosp. St., 9-9 (Ward)

Length of residence in city or town where death occurred 0 yrs. 11 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jacob J. Bankard, Jr.

(a) Residence: No. 1412 E. Lanvale St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/5/1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Jacob James Bankard

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Bernadine Fallon

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Jacob James Bankard
(Address) 1412 E. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Havre de Grace Date 2/17/37

19. UNDERTAKER George J. Roth Inc
(Address) 1725 Hoffman Ave

ID 6 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1937 to Feb. 15, 1937

I last saw him alive on Feb. 15, 1937. Death is said to have occurred on the date stated above, at 6:45 p. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 2-1-37

Other contributory causes of importance:

Rickets

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank R Stephenson M. D.

(Address) St. Joseph's Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 32440

32440 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenham Hospital St. 27-18 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas P. McLaughlin

(a) Residence: No. 5257 St. Charles Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of /

6. DATE OF BIRTH (month, day, year) May 14, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Whse

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thomas McLaughlin

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Croghan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Mary Grail (Trail)
(Address) 5257 St. Charles Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 2/17, 1937

19. UNDERTAKER D. J. Foley & Sons
(Address) 1313 E. Eight St.

20. Filed ..... 19 ..... Registrar

16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 15, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcic Meningitis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Schenken, M. D.
Coroner

(Address) 1919 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 32441

HEALTH DEPARTMENT—CITY OF BALTIMORE

32441 #20752

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals S. 17-4 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Murray

(a) Residence: No. 432 E. 20th St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 2/13/1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Patrick O'Brien

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Reilly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 2/17/ 19 37

19. UNDERTAKER Mary M. Caufield
(Address) 566 E. 32

FILED FEB 17 1937 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-14 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-1 1937 to 2-14 1937

I last saw he alive on 2-17 1937 Death is said to have occurred on the date stated above, at 10:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	12 days
Other contributory causes of importance: Arteriosclerotic Heart Disease,	unk

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 0 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO (If so, specify)

(Signed) John L. Kenny M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32442 F 32442

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Dunn

If U. S. Veteran specify WAR

(a) Residence: No. Unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Blanche Dunn

6. DATE OF BIRTH (month, day, year) 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Michael Dunn

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Alice Feeney

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Sullivan
(Address) 3704 Freemont Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 2/18/1937

19. UNDERTAKER Mary M. Fiedeld
(Address) 39 E. Preston St.

20. FILED [illegible] 19[illegible] [illegible] Registrar.

FEB 1 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic alcoholism	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) Paul Schenker, M. D.
Coroner

(Address) 1919 E. North Ave.

V S 6

F 32443

F 32443

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.....St., 9-9 (Ward)

Length of residence in city or town where death occurred Life yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME George Farwood

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1613 Ensor St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — — —

6. DATE OF BIRTH (month, day, year) 10-2-26

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
10	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Student

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Farwood

14. BIRTHPLACE (city or town) (State or country) Phila Pa

MOTHER

15. MAIDEN NAME Margt Fetsch

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Feb 19 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19.....

Registrar.

Feb 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1937, to Feb 15, 1937

I last saw h.im alive on Feb 15, 1937. Death is said to have occurred on the date stated above, at 8.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Fever	

Other contributory causes of importance:

Convulsions Failure

Chorea

Was an operation performed? Yes Date of

For what disease or injury? No

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place?

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank H Robinson, M. D.

(Address) Johns Hopkins Hospital

SEE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Keenan

F 32444

32444

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home + Infirmary, St., 1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Catharine Keenan

If U.S. Veteran specify WAR

(a) Residence: No. 1001 St. Paul St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of Burdette F. Keenan

6. DATE OF BIRTH (month, day, year) Jan 1st 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, saw'r, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked this occupation (month and year) Jan 1937

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Michael F. Redding

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ella F. Flaherty

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Burdette F. Keenan

(Address) 1001 St. Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Feb 18th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FEB 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1937, to Feb 16, 1937

I last saw her alive on Feb 16, 1937. Death is said to have occurred on the date stated above, at 6:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-1-37
Erythema Multiforme due to potassium iodide ematinic	2-1-37
Aspiration pneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? C.L. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Wesley J. Ketz, M. D.

(Address) Church Home + Inf.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 32445

F 32445 HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. 20-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2021 W. Balto St. Ward)

Length of residence in city or town where death occurred 50 yrs. ~~mos.~~ ~~ds.~~ How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna M. Gerhardt

(a) Residence: No. 2021 W. Balto St., Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

5a. If ~~married, widowed~~ or divorced ~~HUSBAND of~~ (or) WIFE of: William L. Gerhardt

6. DATE OF BIRTH (month, day, year): July 23rd 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Union Bridge Md

FATHER

13. NAME: George Love

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Sarah Spurrier

16. BIRTHPLACE (city or town) (State or country): Frederick Co Md

17. INFORMANT: Rena Love

(Address): 342 Maydell Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Feb 18th 1937

19. UNDERTAKER: Wm Cook

(Address): 1217 St Paul St

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 15th 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14 1937 to Feb. 15, 1937

I last saw her alive on Feb. 14 1937 Death is said to have occurred on the date stated above, 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vasculo-renal disease	Unknown
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo. B. Tyhurst M. D.

(Address) 2807 Harford Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 3

M. D. B. 1268-9

F 32446

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32446

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4612 Valley View Ave. Ward 26-2)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Lewis

(a) Residence: No. 4612 Valley View Ave St., Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Charles H. Lewis

6. DATE OF BIRTH (month, day, year): Sept 11 1863

7. AGE: Years 73 | Months 5 | Days 4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month, day, year): Feb 1937

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Nathan L Parker

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Fatima Jones

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): George M. Lewis 4612 Valley View Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Greenmount Cem Date 2/17/37

19. UNDERTAKER (Address): Nathan Cook 1214 E Baltimore St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1937 to Feb 15, 1937.

I last saw her alive on Feb 10, 1937. Death is said to have occurred on the date stated above, at 2:20 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	Feb 10
Lobar Pneumonia	Feb 12

Other contributory causes of importance:

Chronic myocardial disease	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Albert Hunter, M. D.

(Address) 411 Northern Pkwy

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 17 1937

F 32447 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32447

CERTIFICATE OF DEATH

56

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 9-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jessie Forney

If U. S. Veteran specify WAR Mother Record

(a) Residence: No. 1904 Kennedy Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 3 1917

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
19	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Beauty Specialist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hopewell Va.

FATHER

13. NAME Arthur Forney

14. BIRTHPLACE (city or town) (State or country) Wilmington N. C.

MOTHER

15. MAIDEN NAME Marie Travis

16. BIRTHPLACE (city or town) (State or country) South America

17. INFORMANT Arthur Forney

(Address) 1904 Kennedy Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date Feb 17 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED FEB 17 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Endocarditis	

Other contributory causes of importance:

Cerebral Embolism

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Ehrenberg M. D.
Coroner

(Address) 1919 E. North Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 32448

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32448

CERTIFICATE OF DEATH 4721

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. Ward 27-18

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No War Record

2. FULL NAME Clifton Ridgeley

(a) Residence: No. None (Nephew 5307 Beaufort Ave St, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-13-1869

7. AGE	Years	Months	Days	If less than 1 day, hrs. or min.
	67	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ———

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William C. Ridgely

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emily Slight

16. BIRTHPLACE (city or town) (State or country) Unknown N.Y.

17. INFORMANT Records of Balto. City Hospts

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St James Cemetery Howard Co Md Date Feb 17th 1931

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

FEB 17 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-13 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-30 1934 to 2-13 1937

I last saw him alive on 2-13 1937 Death is said to have occurred on the date stated above, at 8:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 days
Other contributory causes of importance: Cerebral Arteriosclerosis	1 mth

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) Wm C. Rayney M.D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

F 32449

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32449

82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. 2025 W. Fayette St. 1-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Mary Barron

If U.S. Veteran specify WAR .....

(a) Residence: No. 831 S. Elwood Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex F | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Richard Barron

6. DATE OF BIRTH (month, day, year) Dec 7-1857

7. AGE — Years 79 | Months 2 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Feeney

14. BIRTHPLACE (city or town) (State or country) Ire.

MOTHER

15. MAIDEN NAME Mary Shanahan

16. BIRTHPLACE (city or town) (State or country) Ire.

17. INFORMANT Rev. R. J. Barron

(Address) 831 S. Elwood Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 2/17/37

19. UNDERTAKER Edward E. Doyle

(Address) .....

20. FILED FEB 17 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/12/37, 19.., to 2/14/37, 19.. I last saw her alive on 2/14, 19 37 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalised Arteriosclerosis	
Other contributory causes of importance: Cerebral Hemorrhage	2/6/37

Was an operation performed? No Date of .....

for what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Simon L. Kemp, M. D.

(Address) Bon Secours Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32450

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32450

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 3-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frederick Prattes

(a) Residence: No. 1402 Whitelock St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Aug 22, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	~~5~~	~~5~~	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Prattes

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Butler

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mother

(Address) 1402 Whitelock St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 2/17 1936

19. UNDERTAKER Thomas E. Kelson

(Address) 1333 Pennsylvania Ave.

20. FILED FEB 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1937, to Feb 15, 1937

I last saw h.. alive on Feb 15, 1937 Death is said to have occurred on the date stated above, at 1 20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Simple encephalitis	2-1-37
Lobar pneumonia	2-6-37
Other contributory causes of importance: Rickets	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank S. Schwentker M. D.

(Address) Sydenham Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 3245 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32451

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 14-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mowra Gibson

(a) Residence: No. 1609 Myrtle Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 26, 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	14 mos.	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER

13. NAME Lewis Gibson

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Anna Stafford

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Date 2/17/37

19. UNDERTAKER T. E. Kalbach
(Address) 1303 Presstman St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 15 1937

22. I HEREBY CERTIFY, That I attended deceased from January 25 1937 to February 15 1937

I last saw h.. alive on February 15 1937. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Nov 36
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) John A. Warfield M. D.

(Address) John Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 17 1937

Spec.—9 30—A. & Co.—250 Bks

F 32452

F 32452

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46-B

1-PLACE OF DEATH 1404 W Lexington St. 19-W (ST ... WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No .....ST

2-FULL NAME Mrs. Carrie Hebbel Hynes

(a) RESIDENCE NO. 1404 W. Lexington St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 76 yrs. 10 mos. 21 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W.

5 ~~Single~~, Married, Widowed, ~~or Divorced~~, (write the word): Widow

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Joseph A. Hynes

6 DATE OF BIRTH (month, day, and year) Nov 25-1860

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 000

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Carl Hebbel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Magdalene Lisk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Relative 1404 W. Lexington St.

15 ... Undertaker ... Address ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/16/37

17 I HEREBY CERTIFY, That I attended deceased from October 4, 1936, to February 16, 1937.

that I last saw h C Y. alive on February 16, 1937

and that death occurred on the date stated above, at 8 20 A.m.,

The CAUSE OF DEATH* was as follows:

Carcinoma of the stomach

(duration) ... yrs. ? mos. ... ds.

CONTRIBUTORY .....
(Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of ...

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edwin B. Jones, M. D.

, 19 (Address) 1115 St. Paul St., City.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem.

DATE OF BURIAL: Feb 18th 1937

20 UNDERTAKER: J. Putnam Lee

ADDRESS: 2247 E. Fayette St.

FEB 17 1937

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 32453

M. D. B 1268-9

32453 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-P

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Amanda Strother

U. S. Veteran specify WAR .....

(a) Residence: No. 1717 N. Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Strother.

6. DATE OF BIRTH (month, day, year) 1889

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
47	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 2-3-37

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Benjamin Strother (Husband)

(Address) 1717 N. Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Date 2/16/37 19

19. UNDERTAKER Chas. G. Corbin

(Address) 514 N. Calhoun St.

20. FILED Feb 17 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the above named deceased on ..., and that I have viewed the remains thereof; and from the evidence (Inquest, Autopsy or Inquiry) obtained by — autopsy — (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis	Feb 31
	over

Other contributory causes of importance:

Cerebellum cyst

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. W. Wright Coroner M. D.

(Address) 1010 S. Eutaw St

B 1 1937

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 32454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 11-a F 32454

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3913 Roland Ave St. 13-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cornelius F. Horrigan

If U. S. Veteran specify WAR

(a) Residence: No. 3913 Roland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anne Horrigan

6. DATE OF BIRTH (month, day, year) Aug 28 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Daniel Horrigan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ella Horrigan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Anne Horrigan
(Address) 3913 Roland Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 17 1937

19. UNDERTAKER J. B. Marshall
(Address) 3637 Roland Ave

21. FILED Feb 17 1937 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb-15, 1937

I HEREBY CERTIFY, That I attended deceased from Feb 8 1937, to Feb 16, 1937

I last saw alive on Feb 15 1937. Death is said to have occurred on the date stated above, at 4:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Bronchopneumonia,	Feb 8/37
Other contributory causes of importance:	
(b) La Grippe	Feb 8/37

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John Thorsen, M. D.

(Address) 3632 Roland Ave

B 17 1937

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-F 32455

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 Arlington Gopsy-10 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Julia M. Horten

If U.S. Veteran specify WAR .....

(a) Residence: No. 706 Arlington ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John W. Horten

6. DATE OF BIRTH (month, day, year): May 2-1863

7. AGE: Years: 73 | Months: 9 | Days: 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): 1937

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): City

FATHER

13. NAME: Charles Ellinghaus

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Julia Heusch

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Julia Horten
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: 2/17 . 19 37

19. UNDERTAKER: John A. Moran
(Address): 3008 E. Baltimore

2-17-1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/14 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb-12- . 1937 to Feb-14- . 1937

I last saw her alive on Feb 13- . 1937 Death is said to have occurred on the date stated above, at 19 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	2/12/37
Other contributory causes of importance: Chronic Myocarditis	1/10/34

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? none Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? none Date of injury . 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? none If so, specify .....

(Signed) E. Gill Hall . M. D.

(Address) 1602 North Av

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 32456

9-8 79-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2536 Harford Road St., (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank S.A.Cimino If U.S. Veteran specify WAR

(a) Residence: No. 2536 Harford Road St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, year): June 23rd, 1924

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
12	7	22	######

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Andrew R.Cimino

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Mary Dongarra

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: Andrew R.Cimino (Father)

(Address): 2536 Harford Road

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Cem Feb. 18, 1937

19. UNDERTAKER: George J. Ruth, Inc.

(Address): 1735 Harford Avenue

FEB 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 4, 1936 to February 15, 1937

I last saw him alive on February 15, 1937 Death is said to have occurred on the date stated above, at 1:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal pachymeningitis with terminal respiratory failure	1936
Other contributory causes of importance: Inanition	1937

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S/ Landis Wallace, M. D.

(Address) 2839 Walbrook Avenue

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 32457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82 w F 32457

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 19 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles H. Wells

(a) Residence: No. 316 N. Poppleto n St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Wells

6. DATE OF BIRTH (month, day, year) Sept. 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
87	86	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Danial Wells

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Chas. H. Wells

(Address) 316 N. Poppleton

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb. 16, 1937

19. UNDERTAKER Mrs Katie R. Williams

(Address) 522 [illegible] St.

20. Filed FEB 17 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
Owner

(Address) 3757 [illegible]

Information should be carefully supplied. Avoid abbreviations. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 32458

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 32458

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 N. Eden St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John A. Groves

(a) Residence: No. 1214 N. Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary J. Groves

6. DATE OF BIRTH (month, day, year): 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer (NO)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: (NO)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: John Groves

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Francis Daniels

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mary J. Groves
(Address): 1214 N. Eden St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Olivet Cem. 2-17th 1937

19. UNDERTAKER: Bryon & Jamie H. Wright
(Address): 1210 N. Eden St

FEB 17 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-15, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/17, 1936 to 2-15, 1937

I last saw him alive on 2/14, 1937 Death is said to have occurred on the date stated above, at 1.52 m. A

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Interstitial Nephritis (uremia)	?
Other contributory causes of importance:	
Chr. myocarditis	?
Arterio-sclerosis	?

NO

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? clinical Was there an autopsy? NO.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Rayner Browne M.D.

(Address) 1500 E. Madison St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32459

CERTIFICATE OF DEATH

131 F 32459

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1217 Poplar Grove St. 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME H. Earle Hutchinson

If U. S. Veteran specify WAR

(a) Residence: No. 1217 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura L. Hutchinson

6. DATE OF BIRTH (month, day, year) July 8, 1890.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frederick B. Hutchinson

14. BIRTHPLACE (city or town) (State or country) D. C.

MOTHER

15. MAIDEN NAME Emma C. Hardy

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Laura L. Hutchinson
(Address) 1217 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb. 17, 19 37

19. UNDERTAKER Harry F. Luitke
(Address) 4101 Edmondson Ave.

20. FILED FEB 17 1937 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1937, to Feb 14, 1937

I last saw him alive on Feb. 14, 1937 Death is said to have occurred on the date stated above, at 9:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardio Renal Disease, Hypertension	?
	about

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Triplett M. D.

(Address) 1326 W. Lombard St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 32460

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32460

CERTIFICATE OF DEATH

210-18

1. PLACE OF DEATH City Hospital

CITY OF BALTIMORE: (No. 26-12 St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ben. Weinstein

If U. S. Veteran specify WAR .....

(a) Residence: No. 811 S. State St. St. Syracuse Ward. New York

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) .....

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manager

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Kessel Weinstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rachael

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Syracuse N. Y. Date 2/18/37 19

19. UNDERTAKER Louis Levin Sons

(Address) 1439 E. Baltimore St.

20. FILED 2/18/1937 Huntington & Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/16/37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2/15, 1937

Where did injury occur? Broadway Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Auto skidded into another auto

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Charles Gorter Coroner, M. D.

(Address) 902 N. Broadway

B 17 1937

Information should be carefully supplied. Age should be stated in every case. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

32461 F 32461

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St. 27-19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joel A. Coulter

If U. S. Veteran specify WAR

(a) Residence: No. 2602 Kenlah Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret B.

6. DATE OF BIRTH (month, day, year) April 23/72.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64	9	9 8	8 22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carriage 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sherwood Forge.

10. Date deceased last worked at this occupation (month and year) Jan 1, 37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada.

FATHER

13. NAME Alexander Coulter.

14. BIRTHPLACE (city or town) (State or country) ?.

MOTHER

15. MAIDEN NAME Sarah ? Farley

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Margaret E. Coulter

(Address) 2602 Kenoak Ave.

18. BURIAL, CREMATION, OR REMOVAL

Buried Cremated Place Colestin Pa. Date Feb 18. 1937

19. UNDERTAKER Josiah Syfert

(Address) 1600 W. North Ave

20. FILED 19 (Registrar)

FEB 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1937 to Feb 15 1937

I last saw h[illegible] alive on Feb 15 1937 Death is said to have occurred on the date stated above, at 2:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Migratory Pneumonia.	Jan 1
Migratory	

Other contributory causes of importance: Myocarditis Chronic

Was an operation performed? — Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Reid Lafeal Beers M. D.

(Address) Mercy Hospital

Information should be carefully supplied. Age should be stated as exactly as possible. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 32462

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32462

93-c

CERTIFICATE OF DEATH

Registered No. 20-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 S. Bentalou St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. 9 mos. 21 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Frederick Lentz

If U.S. Veteran specify WAR .....

(a) Residence: No. 505 S. Bentalou St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~[illegible]~~ Amelia Lentz

6. DATE OF BIRTH (month, day, year) April 25, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	9	21	

OCCUPATION

8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brush Factory

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 59 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Christian Lentz

14. BIRTHPLACE (city or town) (State or country) Prussia Germany

MOTHER

15. MAIDEN NAME Catherine Adams

16. BIRTHPLACE (city or town) (State or country) Hesson Germany

17. INFORMANT Eliz. Cleopha Lentz
(Address) 505 S. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb. 17 37

19. UNDERTAKER Chas. A. Shepherd & Son
(Address) 1300 Eutaw Place

20. FILED FEB 17 1937 Harrington Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1937 to Feb. 15, 1937

I last saw him alive on Feb. 15, 1937. Death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis and Myocardial Degeneration	1927
Other contributory causes of importance: Edema of Lungs	2/a/37
Bronchopneumonia	2/14/37

Was an operation performed? No. Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) James Blumberg M. D.

(Address) 2000 Harlem Ave.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

32463

HEALTH DEPARTMENT—CITY OF BALTIMORE

32463

CERTIFICATE OF DEATH

94-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 Race St. St. 23-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs ... mos ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eva Mitchell.(c) If U. S. Veteran specify WAR .....

(a) Residence: No. 1105 Race St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Luther Mitchell.(c)

6. DATE OF BIRTH (month, day, year) February 22,1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis, Md.

FATHER

13. NAME James Diggs.(c)

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Elizabeth Lindsay.(c)

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Matilda Lindsay.(c) aunt.

(Address) 37 W. West St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date Feb. 17 1937

19. UNDERTAKER Walter B. Jones & Son

(Address) 134 W. Lanvale St.

FEB 17 1937 Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 13,1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry) to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto M. Rinehart M. D.

2/16/37 (Address) 1017 S. Charles St. Coroner

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 32464

32464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5419 Pembroke Ave. St. 27-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minnie Hansge

(a) Residence: No. 5419 Pembroke Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Hansge

6. DATE OF BIRTH (month, day, year) Oct. 18, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Philip Wolf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Frederick Hansge
(Address) 5419 Pembroke Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Feb. 19 1937

19. UNDERTAKER Frederick Lauchheimer & Son
(Address) 7401 Belair Road

FEB 17 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-9 1937 to 2-16 1937

I last saw h[illegible] alive on 2-16 1937 Death is said to have occurred on the date stated above, at 2:40 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchio-Pneumonia — Date of onset 2-10-37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] M. D.

(Address) 5401 Belair Rd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32465

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32465

CERTIFICATE OF DEATH 19084

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balti ore City Hospts. St., 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1981 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Chisolm

If U. S. Veteran specify WAR

(a) Residence: No. 729 Pierce St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie Lee

6. DATE OF BIRTH (month, day, year) 6-28-1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scale Lever

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 08

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Robin Chisolm

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Jane Carlington

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place White Hall S C Date Feb 20 1937

19. UNDERTAKER Williams Jackson

(Address) 710 Penna Ave

20. FILED Huntington Feltman IVF

8 1-7 1937

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 4, 1937 to Feburary 16, 1937

I last saw him alive on February 16, 1937 Death is said to have occurred on the date stated above at 6:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs.	Sept
	1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leon H. Feldman M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. Age should be stated in years, months, days. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B

Registered No. 10-1

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Women's Hospital Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U.S. Veteran specify War Worldwar

2. FULL NAME Mary Wilkie Fontaine
(a) Residence: No. 1125 Bentwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married
5a. If married, ~~widow or widower~~ (or) WIFE of John A. Fontaine
6. DATE OF BIRTH (month, day, year) Mar 1st 1878
7. AGE: Years 58; Months 11; Days 15; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER
13. NAME Wm D. Jones
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER
15. MAIDEN NAME Jane Procter
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT John A. Fontaine
(Address) 1125 Bentwood

18. BURIAL, CREMATION, OR REMOVAL Date 2-18-37
Place Mt Auburn Cem.

19. UNDERTAKER Wilhorn Cook
(Address) 1212 St Paul St

20. FILED FEB 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4 1937, to Feb. 16 1937
I last saw h[illegible] alive on Feb. 16, 1936. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:
Cerebral Thrombosis — Date of onset Approx 6 weeks ago

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) R. Brantley Mcentee M. D.
(Address) Womans Hospital

N. B.—WRITE LEGIBLY. All items must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 32467 ✓ F 32467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-c

1. PLACE OF DEATH University Hospital Registered No.

CITY OF BALTIMORE: (No. 14-2 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Albrecht If U.S. Veteran specify WAR

(a) Residence: No. 604 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 25 1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter's Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George A Albrecht

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Flora Kendall

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT George A Albrecht
(Address) Baltimore, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date 2/18 1937

19. UNDERTAKER LeRoy L Hodges
(Address) 6209 HARFORD ROAD

FILED FEB 17 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/15 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1937 to February 15 1937

I last saw him alive on February 15 1937 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus meningitis	1/13/37
Other contributory causes of importance: Brain tumor	prob

Was an operation performed? Yes Date of 1/16/37

For what disease or injury? Brain tumor

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] E Burch M. D.

(Address) University Hospital

Information should be carefully supplied. Age should be stated EXACTLY. If infant, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32468 ✓ F 32468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 S Stricker St., 19-3 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Sadie E. Tolis

(a) Residence: No. 212 S Stricker St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward E. Tolis

6. DATE OF BIRTH (month, day, year) Oct 26 76

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
60	3	21 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Bell

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Ella Flaherty

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mr. Edward E. Tolis.

(Address) 212 S Stricker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date 2/20/ 1937

19. UNDERTAKER John J. Gowan & Son.

(Address) 90 Holbrook St.

20. FILED ..... 19.... Registrar

FEB 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/16/ 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-9- 1937 to 2-16- 1937

I last saw her alive on 2-16- 1936. Death is said to have occurred on the date stated above, at 730 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy (Hemorrhage)	2-14 37

Other contributory causes of importance: Carcinoma of Uterus 2 about 2 months

Was an operation performed? No Date of.....

For what disease or injury?.....

Name of operation Clinical + pathological Findings Date of.....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place.....

Manner of Injury.....

Nature of Injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Louis J. Lars, M. D.

(Address) 5 No Wolfe St.

information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32469

32469

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1412 E Madison St. 10-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alfred Henry

If U. S. Veteran specify WAR .....

(a) Residence: No. 1412 E Madison St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Lillian Henry

6. DATE OF BIRTH (month, day, year) Feb 8, 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. National Casket Co

10. Date deceased last worked at this occupation (month and year) 2/37

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) St Thomas (State or country) B. West Indies

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) " (State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) " (State or country)

17. INFORMANT Mrs Carrie Brown

(Address) 1412 E Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cemetery Date 2-18-37

19. UNDERTAKER Mrs Charles G. Bailey

(Address) 142 Jefferson St

B 17353

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1937, to Feb 14, 1937

I last saw him alive on Feb 13, 1937. Death is said to have occurred on the date stated above, at 4.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic a. Parenchymatous Nephritis	Jan 1937
Other contributory causes of importance: Generalized Anasarca Pulmonary Edema	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation. None Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) R J Young M. D.

(Address) 1424 E Monument St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32470

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32470

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 N. Durham St. 7-H Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E. Harris

If U. S. Veteran specify WAR

(a) Residence: No. 906 N. Durham St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11 5 1927

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School do do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Walter Le. Harris

14. BIRTHPLACE (city or town) (State or country) Dem woody bo Virginia

MOTHER

15. MAIDEN NAME Lucille Washington

16. BIRTHPLACE (city or town) (State or country) Dem woody bo Virginia

17. INFORMANT Walter Le. Harris.
(Address) 906 N. Durham St

18. BURIAL, CREMATION, OR REMOVAL
Place Int. Calvary Cem Date 2-19 19

19. UNDERTAKER C. Edgar Bailey
(Address) 1421 Jefferson St

20. FILED FEB 17 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1937, to Feb 16, 1937

I last saw h[illegible] alive on Feb 16, 1937. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/10/37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Calvin B. LeCompte, M. D.

(Address) 1113 N Caroline St

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32471 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32471

329/39

82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. 10-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George W. Young

If U. S. Veteran specify WAR .....

(a) Residence: No. 1405 E. Eager St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Young

6. DATE OF BIRTH (month, day, year) May 3, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57 yrs 9 mos 13 ds	57	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cem. Date 2/20/37

19. UNDERTAKER Isaiah L. Brokenburr

(Address) 108 W. Montgomery St.

20. FILED Feb 17 1937, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1937, to Feb 16, 1937

I last saw h[illegible] alive on Feb 16, 1937. Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage in the right internal capsule, rupturing into the ventricle	? Feb 11, '37
Lobular pneumonia, bilateral	Feb 15, '37

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? - Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. Carmichael Kelly M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 7 1937

V8 8

F 32472

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2600, E. Baltimore, St., 6-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Rytina

(a) Residence: No. 2600, Baltimore St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Rytina

6. DATE OF BIRTH (month, day, year) Sept. 28th 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Anthony Rytina

14. BIRTHPLACE (city or town) Bohemia
(State or country)

MOTHER

15. MAIDEN NAME Anna Hula

16. BIRTHPLACE (city or town) Bohemia
(State or country)

17. INFORMANT Katherine Rytina
(Address) 2600, E. Baltimore, Md

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Feby, 18, 1937

19. UNDERTAKER George M. Fink & Son
(Address) 811 N. Wolfe St.

Filed ..... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby. 15th. 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19...
I last saw him alive on Feb 15, 1937. Death is said to have occurred on the date stated above, at 5.30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum	(46
Hypertension	
Cerebral Hemorrhage	10 Dy

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Edward J. Lord M. D.

(Address) 413 N. Washington

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 17 1937

F 32473

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leroy Goodwin -Goodman (20598)

If U. S. Veteran specify WAR

(a) Residence: No. 905 Denver St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 5, 1891 ~~1887~~

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45 ~~40~~	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Wash

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 2/18/37

19. UNDERTAKER Isaiah L Brown & Son
(Address) 108 W Montgomery St

20. Filed 19 Registrar.

B 1 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 13 1937

22. I HEREBY CERTIFY, That I attended deceased from January 26, 37 to February 13, 37

I last saw him alive on February 13, 1937. Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Fall of
Tuberculous Leptomeningitis	1936.
Other contributory causes of importance:	Two weeks

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leon H. Feldman, M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

F 32474

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 32474

1. PLACE OF DEATH 603 N. Belnord Ave. 7-2

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 88 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minnie Regina Schuh

(a) Residence: No. 603 N. Belnord Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	widow

5a. If married, widowed, or divorced (or) WIFE of Henry Schuh

6. DATE OF BIRTH (month, day, year) Feb. 18, 1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	88	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Adam Bellinger

14. BIRTHPLACE (city or town) Auburn (State or country)

MOTHER

15. MAIDEN NAME Auburn

16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMANT Mrs. Ida Rogers

(Address) 603 N. Belnord Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date Feb. 17, 1937

19. UNDERTAKER C. Miller & Son

(Address) 2334 Jefferson St.

20. FILED FEB 17 1937 [illegible] Registrar.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1937 to Feb. 14, 1937

I last saw her alive on Feb. 14, 1937. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	2/11/37
suprarenal insufficiency	2/14/37

Other contributory causes of importance:

arterio sclerosis, hypertension, chronic nephritis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? physical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) L. C. Sobleal M. D.

(Address) 447 N. Kenwood Ave.

✓ F 32475

32475 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2401 Sherwood St., 9th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizebeth Scheller

If U.S Veteran specify WAR .....

(a) Residence: No. 2401 Sherwood Av. St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, BUSBAND of (or) WIFE of David Scheller

6. DATE OF BIRTH (month, day, year) Dec. 15- 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87 88	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Andrew Fink

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George Scheller

(Address) 2401 Sherwood

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date Feb 18- 1937

19. UNDERTAKER Jos. N. Valentine

(Address) 2326 Eutaw St.

21. ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 15 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 9 1936 to Feb 15 1937

I last saw her alive on Feb 14 1937 Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Arterio Sclerosis

Was an operation performed? No Date of .....

For what disease or injury? .....

Physicians Signs

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) F. E. Keyser M. D.

(Address) 1201 N Eutaw Pl.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 17 1937

F 32476

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32476

CERTIFICATE OF DEATH

× 53-C

1. PLACE OF DEATH University Hosp

CITY OF BALTIMORE: (No. ..... St. 4-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ena M. Cliff (wife)

If U.S. Veteran specify WAR .....

(a) Residence: No. Eastern Md St., ... Ward. 4D

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Rev. J. M. Cliff

6. DATE OF BIRTH (month, day, year) 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hw

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Snow Hill Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER

15. MAIDEN NAME " Dont Know

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT W. Messick

(Address) Eastern Md

18. BURIAL, CREMATION, OR REMOVAL

Place Snow Hill Date Feb 17 1937

19. UNDERTAKER Mrs W. Messick & Sons

(Address) Eastern Md

20. FILED Feb 17 1937

B 171937

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/16/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 2/12 19 37 to 2/16/37 19

I last saw her alive on 2/16/37 19 Death is said to have occurred on the date stated above, at 12 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor (Malig)	1/12/37

Other contributory causes of importance:

Was an operation performed? Yes Date of 2/16/37

For what disease or injury? Brain Tumor

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) J. M. Warren M. D.

(Address) Univ Hosp

M. D. B 1268-9

(Troy) ✓ F 32477

F 32477

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1826 Little Walsh St.) (Ward) 3

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Daniel Troy If U. S. Veteran specify WAR .....

(a) Residence: No. 1826 Little Walsh St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 60.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mr Ricardo,
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date FEB 16 1937

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED 19 Registrar.

FEB 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 19 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)
to ..... death on the day stated above at 4 30 PM,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis,	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) A. Hann, Coroner M. D.

(Address) 1210 Vernon

N. B.—WHEN PLACE OF DEATH, WITH CERTAIN EXCEPTIONS, IS IN A HOSPITAL OR INSTITUTION, information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 32478

32478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Fallsway 760 W. Franklin St. (Ward) 47-3

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Campbell
If U. S. Veteran specify WAR .....

(a) Residence: No. 760 W. Franklin St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	?

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Over 70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) .....

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Anna Belle Robinson
(Address) 760 Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date FEB 17 1937, 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED FEB 17 1937 Registrar. 2508

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to ..... death on the day stated above. 3 30 PM,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Myocarditis	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) A. Hayn Krauss, M. D.
Coroner
(Address) 215 Varnum St.

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be stated EXACTLY. PHYSICIANS should be carefully supplied. AGE should be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be OCCUPATION is very important. See instructions on back of certificate.

FEB 17 1937

F 32479 ✓ F 32479

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 Park Ave St., 13-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary E. Griest

(a) Residence: No. 2001 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 21-1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Cyprus S. Griest

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Letitia P. Broomell

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT C. Arthur Griest

(Address) Shippensburg Pa

18. BURIAL, CREMATION, OR REMOVAL Flora Dale Pa

Place Meadow Cem. Date Feb 19, 1937

19. UNDERTAKER Geo. E. Franck

(Address) 507 Madison Ave

20. [illegible] Registrar.

B 1 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/17, 1937

22. I HEREBY CERTIFY, That I attended deceased from July, 1929 to Feb 17, 1937

I last saw her alive on 2/16, 1937 Death is said to have occurred on the date stated above, at 6:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myelastatic Sarcoma Lung	about 1 yr ago

Other contributory causes of importance:

Sarcoma Breast	5 yrs ago
Arteriosclerosis Heart disease	3

Was an operation performed? No Date? July 1929

For what disease or injury? Sarcoma Left breast

Name of operation Radical amputation not done

What test confirmed diagnosis? Tissue Section Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jack R. Morgan M. D.

(Address) 6-E-Y Med Sch.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32480 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32480

CERTIFICATE OF DEATH 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital H-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Ruth Sliver

If U. S. Veteran specify WAR

(a) Residence: No. Wilkinson md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Sliver

6. DATE OF BIRTH (month, day, year) July 10, 1894

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	42	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John H Jacobs

14. BIRTHPLACE (city or town) (State or country) Delta Pa.

MOTHER

15. MAIDEN NAME Ruth Jacobs

16. BIRTHPLACE (city or town) (State or country) Delta Pa

17. INFORMANT Harry Sliver
(Address) Wilkinson Md

18. BURIAL, CREMATION, OR REMOVAL
Place Delta Pa Feb Date 20 1937

19. UNDERTAKER W. Howard Webb,
(Address) Forest Grove, Md.

20. FILED ... Registrar.

FEB 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-17-1937

22. I HEREBY CERTIFY, That I attended deceased from 2-15-, 1937, to 2-17-, 1937

I last saw her alive on 2-17-, 1937. Death is said to have occurred on the date stated above, at 2 45 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, (Lobar)	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. J. Williams Jr., M. D.

(Address) Maryland General Hospital

S. E.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32481

HEALTH DEPARTMENT—CITY OF BALTIMORE

32481

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St., 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Warren Curtis

If U. S. Veteran specify WAR

(a) Residence: No. 1123 N Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ella

6. DATE OF BIRTH (month, day, year): 9-1-82

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd Jobs 6040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Lewis Curtis

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Susan Shields

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Mt. Calvary Date Feb. 18 1937

19. UNDERTAKER: Robert L. Young (Address) 864 N. Caroline St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1937, to Feb 15, 1937

I last saw h[illegible] alive on Feb 15, 1937. Death is said to have occurred on the date stated above, at 6.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated right inguinal hernia	2/7/37
Bronchopneumonia	

Other contributory causes of importance:

Was an operation performed? Yes Date of 2/11/37

For what disease or injury? Strangulated hernia

Name of operation Repair of hernia

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward S. Stafford, M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK. This is a Permanent Record. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 17 1937

17

F 32482

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 32482

12-2 162

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3301 St. Paul St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Mary Kinsley

If U. S. Veteran specify WAR

(a) Residence: No. 3301 St. Paul St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -------

6. DATE OF BIRTH (month, day, year) -------

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	87	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ------- South Carolina

FATHER

13. NAME Peter Kinsley

14. BIRTHPLACE (city or town) (State or country) ------- Ireland

MOTHER

15. MAIDEN NAME Catherine -----

16. BIRTHPLACE (city or town) (State or country) -------- Ireland

17. INFORMANT Miss Anna H. Kinsley

(Address) 3301 St. Paul Street

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Cem. Date 2/18 1937

19. UNDERTAKER Henry H. Mears & Son

(Address) 8-5 N. Calvert St.

20. FILED [illegible] for [illegible] Registrar

B 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEBRUARY 16th, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 16th, 1932, to FEB. 16th, 1937

I last saw h.. alive on Feb 15th, 1937. Death is said to have occurred on the date stated above, at 5 -- a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
INFIRMITIES OF AGE	

Other contributory causes of importance:

Was an operation performed? No Date of ---

For what disease or injury? Bronchial Pneumonia

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Thomas L. Shearer, M. D.

(Address) 3801 N. Charles St.

N. B.—WHITE PLAINLY. Every question must be answered. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vs 3

F 32483 ✓ F 32483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St. 11-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Frank Pottorff

If U. S. Veteran specify WAR

(a) Residence: No. 827 Park Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Jacob Pottorff

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Mary Lewis Glass

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Miss Mary Pottorff.

(Address) 877 Park avenue

18. BURIAL, CREMATION, OR REMOVAL

St Mary's Cemetery Paradise Township Pa. Date 2/15 1937

19. UNDERTAKER Henry H. Mears & Son

(Address) 802 N. Calvert St.

20. Filed 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-17-37 19

22. I HEREBY CERTIFY, That I attended deceased from 1-7-37, 19 to 2-17-37, 19

I last saw h[illegible] alive on 2-17-37, 19 Death is said to have occurred on the date stated above, at 7:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	2-7-37
Carcinoma of Rectum	
Debilitation	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lawrence T. Wells, M. D.

(Address) Mercy Hosp

FEB 17 1937

Pa. R.R. Co. Railroad, Escort - Miss Mary L. Pottorff

✓ F 32484

F 32484

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hospital St. Ward.)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Jones

If U. S. Veteran specify WAR .....

(a) Residence: No. Simpsonville, Howard Co. Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 3-2-1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Montgomery Co, Md.

FATHER

13. NAME Julius Jones

14. BIRTHPLACE (city or town) (State or country) Montgomery Co

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Montgomery Co Md.

17. INFORMANT patient

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Ellicott City Date 2. 21 1937

19. UNDERTAKER J.C. Higinbotham

(Address) Ellicott City Md

FEB 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1937, to Feb. 17, 1937

I last saw him alive on Feb. 16, 1937. Death is said to have occurred on the date stated above, at 12:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	
Arteriosclerosis	
Other contributory causes of importance:	
Bronchitis	7

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. Wallace Simpson M. D.

(Address) 1606 Fenwick Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32485

32485 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 139-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-L Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Green

If U. S. Veteran specify WAR

(a) Residence: No. Queenstown, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 1, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
37	38	2 3	10 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) 2-2-37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Simon Green

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Alice Sadler

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Centreville Md Date 2-18-37

19. UNDERTAKER Harry C. Dempsey
(Address) 818 Lanvale St.

20. Filed 19 Registrar.

B 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-17, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 3, 1937 to February 17, 1937

I last saw her alive on February 17, 1937 Death is said to have occurred on the date stated above, at 3½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	2/3/37

Other contributory causes of importance:

Was an operation performed? Yes Date of 2-11-37

For what disease or injury? Fibroids of uterus & cystic ovary

Name of operation Hysterectomy & bilateral salpingo oophorectomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George E. Selby, M. D.

(Address) Mercy Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MD. B. F 32486

F 32486

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm. D. Meadows

U. S. Veteran specify WAR

(a) Residence: No. 915 Drude Hill Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 25- 1923

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Claud Meadowes

14. BIRTHPLACE (city or town) (State or country) ~~Georgia~~ Md.

MOTHER

15. MAIDEN NAME Georgie Woodall

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Mr. Claude Meadows.

(Address) 915 Drudehill Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Feb 18 19

19. UNDERTAKER Adolph Hartleap

(Address) 2 Edmondson Ave

20. FILED 19 Registrar.

FEB 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningoccic Meningitis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) T. Scully M. D.

Coroner

(Address)

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

Charles J. Miller

F 32487

F 32487 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4909 Liberty Heights Ave. St., 25 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles J Miller. If U. S. Veteran specify WAR No Record

(a) Residence: No. 4909 Liberty Heights St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced Husband of Flora M. Miller

6. DATE OF BIRTH (month, day, year) Aug 21 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Postal Letter Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U S Government

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Kent Co, Md.

FATHER

13. NAME Elijah E Miller

14. BIRTHPLACE (city or town) (State or country) Kent Co Md

MOTHER

15. MAIDEN NAME Martha Taylor

16. BIRTHPLACE (city or town) (State or country) Kent Co Md

17. INFORMANT Flora M. Miller
(Address) 4909 Liberty Heights Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Feb 19th 1937

19. UNDERTAKER Wm Cook
(Address) 419 St Paul St

20. FILED FEB 19 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ... find that said deceased came
(Inquest, Autopsy or Inquiry)
to ... death on the day stated above, 3 40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) C Hans Garner, M. D.
Coroner

(Address) 915 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 19 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32488

CERTIFICATE OF DEATH

124-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 27-18 Ward) 69

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME August Oldenburg

If U. S. Vet. specify WAR No Record

(a) Residence: No. 3515 N. Garrison Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mabel

6. DATE OF BIRTH (month, day, year) 8/25/1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME Earnest Oldenburg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Veronica Eller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 2/20/37

19. UNDERTAKER W. M. Cook Co.
(Address) 1217 E. Pratt St.

20. FILED ... 19... [illegible] Registrar

FEB 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-17-1937

22. I HEREBY CERTIFY, That I attended deceased from 2-11-1937 to 2-17-1937

I last saw him alive on 2-17-1937 Death is said to have occurred on the date stated above, at 5:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laennec's Cirrhosis of Liver	3 yrs.
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Rigney, M. D.

(Address) Baltimore City Hospitals

VS 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

11616

F 32489 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 32489

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St. 1-5 Ward)

Registered No. 48

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susan Smith

If U. S. Vet specify WAR No War Record

(a) Residence: No. 4 S. Collington Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Daniel (Deceased)

6. DATE OF BIRTH (month, day, year) 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85 96			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Newark, N. J.
(State or country)

FATHER

13. NAME Abraham Lane

14. BIRTHPLACE (city or town) Newark N. J.
(State or country)

MOTHER

15. MAIDEN NAME Katherine Demond

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 18th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Feb 18 1937 Registrar.

EB 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-15-1937

22. I HEREBY CERTIFY, That I attended deceased from 1-4-1936 to 2-15-1937

I last saw her alive on 2-15-1937. Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix — Date of onset Jan 36

Other contributory causes of importance: Arteriosclerotic Heart Dis. — Jan 36

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Ramey M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

George H Montgomery

32490 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32490

CERTIFICATE OF DEATH ✓ 171

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital 11 - Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George H. Montgomery — Spanish American War

(a) Residence: No. Millner Hotel - Cathedral St., Ward.
(Usual place of abode) 900 Cathedral St (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. ~~If married, widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Dora Ellis Montgomery

6. DATE OF BIRTH (month, day, year) Jan 19th 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	59	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sergt. Q.M. Corps U.S. Army

10. Date ~~deceased~~ last worked at this occupation (month and year) May 1933

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME William Montgomery

14. BIRTHPLACE (city or town) (State or country) Chester Pa

MOTHER

15. MAIDEN NAME Charlotte Hadley

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Chas. Daniel Bauge
(Address) 42 Dunbar Apt Dundalk

18. BURIAL, CREMATION, OR REMOVAL
Place Sterling Va Mt Carmel Cemetery Date Feb 21st 1937

19. UNDERTAKER Wm E. Groft
(Address) 1217 St Paul St

20. FILED 19 ... Registrar

FEB 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 8 1937 to Feb 17 1937

I last saw him alive on Feb 17 1937. Death is said to have occurred on the date stated above, at 1.25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gangrenous Appendicitis c perforation	2-7-37
Other contributory causes of importance:	
Generalized peritonitis	2-8-37

Was an operation performed? yes Date of 2-8-37

For what disease or injury? Ruptured Appendix

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..... 19 ...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank R Stephenson M. D.

(Address) St Joseph's Hospital

V.S.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. No. 32491

Phyllis M Foster

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32491

CERTIFICATE OF DEATH

1. PLACE OF DEATH Johns Hopkins Hosp. 7-5-89-a Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Phyllis Mary Foster If U. S. Veteran specify WAR .....

(a) Residence: No. Maryland Ave, St., Ward. Essex Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Mar. 20-1929

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Samuel C. Foster

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Anna Eliz. Reynolds

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mr. Samuel C. Foster
(Address) Essex, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 2/20, 1937

19. UNDERTAKER Jno F. Connelly
(Address) Essex Md.

FILED FEB 18 1937, 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16th 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ongoing (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Otitis media (Left)	

Other contributory causes of importance:

Cerebral meningitis (Not Specific)	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Paul Schreiber, M. D.
Coroner
(Address) 1918 E. Baltimore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 32492 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 32492

94-a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 N. Clinton St. St., 26-10 Ward.)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Adam Wolf

(a) Residence: No. 6 N. Clinton St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Wolf

6. DATE OF BIRTH (month, day, year) May 30, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
41	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commercial Artist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engraving

10. Date deceased last worked at this occupation (month and year) 2/37

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Brest Md

FATHER

13. NAME Henry J. Wolf

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Catherine Weber

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Eva Wolf

(Address) 6 N. Clinton St

18. BURIAL, CREMATION, OR REMOVAL

Place Frank M E Cem Date Feby 20, 1937

19. UNDERTAKER John Gessaid

(Address) [illegible]

20. FILED FEB 19 1937, 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1937, to Feb 16, 1937

I last saw h.... alive on Feb 16, 1937. Death is said to have occurred on the date stated above, at 5:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Gangrene Pectoris	2 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Julius H Jacobson M. D.

(Address) 3400 E Baltimore St

F 32493

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 32493

Registered No. 97-182

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry G. Thomas

If U. S. Veteran specify WAR

(a) Residence: No. 3121 Berkshire St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Marie Thomas

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Thomas

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Hukeman

16. BIRTHPLACE (city or town) (State or country) Hukeman

17. INFORMANT Marie Thomas

(Address) 3121 Berkshire

18. BURIAL, CREMATION, OR REMOVAL.

Place Emanuel Cem Date Feby 18, 1937

19. UNDERTAKER John Merritt

(Address) 2005 Arlington Ave

20. FILED FEB 18 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/16/, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry) to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	

Other contributory causes of importance:

Cerebral Apoplexy.	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Mleynek, M. D. Coroner

(Address) 1919 E. North Ave

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F 32494

HEALTH DEPARTMENT—CITY OF BALTIMORE

32494

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Woman's Hospital Ward) a"

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1/24 day How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Arnett

(a) Residence: No. 220 Hawthorne Rd Roland Park Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 16 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			1

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Lester Raymond Arnett

14. BIRTHPLACE (city or town) (State or country) Milton Wis.

MOTHER

15. MAIDEN NAME Blanche Steyerman

16. BIRTHPLACE (city or town) (State or country) Fontana Wisconsin.

17. INFORMANT Hosp. Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cremation Date 2/16/37

19. UNDERTAKER
(Address)

20. FILED Feb 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-16-37

22. I HEREBY CERTIFY, That I attended deceased from 2-16-37, 19.., to 2-16-37, 19..

I last saw h.. alive on 2-16-37, 19.. Death is said to have occurred on the date stated above, at .. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	2-16-37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

21. Was disease or Injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John McF. Berryhill M. D.

(Address) 1015 St Paul St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

FEB 13 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32495

CERTIFICATE OF DEATH

✓ 122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Hosp St. [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 4 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Elenora Hays (Emma Elenora Hays)

If U. S. Veteran specify WAR

(a) Residence: No. 4505 Liberty Hts St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W. Hays

6. DATE OF BIRTH (month, day, year) October 10th 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ----

10. Date deceased last worked at this occupation (month and year) ----

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Andrew McCaddin

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Elizabeth Story

16. BIRTHPLACE (city or town) (State or country) Elizabeth City, N.C.

17. INFORMANT Mrs Elizabeth A. Moran

(Address) 4505 Liberty Heights Ave.,

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Baltimore Cem. Date Feb 19th 1937

19. UNDERTAKER J. M. Dickman & Sons

(Address) ~~[illegible]~~ Pikesville Md.

20. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1937 to Feb 16, 1937

I last saw h alive on Feb 16, 1937 Death is said to have occurred on the date stated above, at 4:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency	2/14/37
Pneumonia	2/5/37

Other contributory causes of importance:

Was an operation performed? Yes Date of Feb 13, 1937

For what disease or injury? intestinal obstruction

Name of operation Fatal enterotomy closure

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Irwin Sauber M. D.

(Address) Sinai Hospital

[illegible] Williams, M.D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

va 3

32496 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 32496

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 N. Chester St., 6-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Julia A. Price

If U.S. Veteran specify WAR .....

(a) Residence: No. 17 N. Chester St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William A. Price.

6. DATE OF BIRTH (month, day, year) Apl. 22, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ooo

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Somerset Co. (State or country) Md.

FATHER

13. NAME John W. Wilson

14. BIRTHPLACE (city or town) ..... (State or country) Md.

MOTHER

15. MAIDEN NAME Elizbeth Blake

16. BIRTHPLACE (city or town) Unknown. (State or country)

17. INFORMANT Mr. Jas. Pitt Price.
(Address) 1761 Darley Ave.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Feb. 18, 1937

19. UNDERTAKER Wm. Rickert Sons
(Address) Forest & Pulaski.

20. FILED ..... 19 ..... Registrar.

FEB 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16. 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1937, to Feb. 16, 1937

I last saw h.. alive on Feb 16, 1937. Death is said to have occurred on the date stated above, at 2.40a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria Sclerosis + interstitial nephritis.	Several yrs.
Other contributory causes of importance:	
Coronary thrombosis	Feb 15

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? unsd Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) W. B. Bowers and Lord, M. D.

(Address) 2200 Garrison Blvd

Attending Physician

FEB 18 1937

Dr. Winston Williams, M.D.

VS 9

F

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 32497

32497 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) St Agnes Hos (St.) 2 8 - 4 (Ward) 210-M

Registered No. ....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Donald Strauss
If U. S. Veteran specify WAR ....

(a) Residence: No. 516 Old Orchard Rd (St.) ... Ward. ....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ....

6. DATE OF BIRTH (month, day, year) Nov. 22 - 1914

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
22	2	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Sugar Refg Co.
10. Date deceased last worked at this occupation (month and year) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER
13. NAME Charles A. Strauss
14. BIRTHPLACE (city or town) (State or country) Germantown Pa

MOTHER
15. MAIDEN NAME Nellie Hoffnagle
16. BIRTHPLACE (city or town) (State or country) Elizabeth N. J.

17. INFORMANT M. C. N. Hoffnagle
(Address) 516 Old Orchard Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date Feb. 18 1937

19. UNDERTAKER Wm Tickner & Sons
(Address) North & Pa Ave.

FEB 18 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held a ... on ... and from the evidence (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured liver	2-16-37

Other contributory causes of importance: ....

Was an operation performed? No Date of 2-16-37

For what disease or injury? ....

Name of operation ... Date of ....

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/16 1937

Where did injury occur? On Front Blvd near Laurel
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Washington Blvd -

Manner of injury Auto struck tree or telephone Pole

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ....

(Signed) Herbert Kendig Coroner M. D.

(Address) 902 N Charles St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32498

CERTIFICATE OF DEATH

93-C F 32498

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 N. Appleton St. 16 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minnie Wiesner (nee Koenschild)

(a) Residence: No. 800 N. Appleton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry F. Wiesner

6. DATE OF BIRTH (month, day, year) April 18th 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	9	29?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 1937

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Koenschild

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dent Knorr

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry F. Wiesner
(Address) 800 N. Appleton St

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date 2/19/37 19

19. UNDERTAKER Geo. Huber & Son
(Address) 2503 Edmondson Ave

20. Filed FEB 18 1937 Clayton Phillipson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/16/37 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 29 to Feb 16 19 37

I last saw her alive on Feb. 16 19 37 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1925
(Cardio-sclerosis)	

Other contributory causes of importance:

Broncho-pneumonia	2/6/37
Hypertension	1927

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Rachel Baggott M. D.

(Address) 2224 Eutaw St.

F 32499

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32499

CERTIFICATE OF DEATH

15644 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 9-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residenre in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Clayton

If U. S. Veteran specify WAR No

(a) Residence: No. 1416-Aisquith Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard Clayton

6. DATE OF BIRTH (month, day, year) 12-15-1865

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
71	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va. (State or country)

FATHER

13. NAME Michael Rock

14. BIRTHPLACE (city or town) Ireland (State or country)

MOTHER

15. MAIDEN NAME Bridget ? Tracey

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 2/20/37 19

19. UNDERTAKER George J. Muth, Inc. (Address) 1735-Harford Ave.

20. FILED FEB 19 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-17, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-28, 1935 to 2-17, 1937

I last saw her alive on 2-17 1937 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Bronchopneumonia (Primary)	8 days
Arteriosclerotic Heart Dis.	Unk

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Ramsey M. D.

(Address) Baltimore City Hospitals

32500 F 32500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-13

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Simon Cohen

(a) Residence: No. 914 N. Broadway Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry

9. Industry or Business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Carmel Date 2/18/37

19. UNDERTAKER Jack Davis Inc

(Address) 1139 E. Baltimore St.

20. FILED FEB 16 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 26, 1937 to February 17, 1937

I last saw him alive on Feb. 17, 1937 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis of coronary artery	
Pulmonary edema	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis W. Grean M. D.

(Address) Sinai Hospital

F 32501 HEALTH DEPARTMENT—CITY OF BALTIMORE F32501

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2045 N. Bentalou St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah Freedman

(a) Residence: No. 2045 N. Bentalou St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Abraham Freedman

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham —

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Anna —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Freedman
(Address) 2581 W. Pratt St

18. BURIAL, CREMATION, OR REMOVAL
Place Rodelph Date 2/18/37

19. UNDERTAKER Just Lumpkin
(Address) 1434 E. Baltimore St

20. FILED 19 ..... Registrar .....

FEB 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-17- , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis,	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Abram Garmon M. D.
Coroner

(Address) 1216 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

32502

HEALTH DEPARTMENT—CITY OF BALTIMORE

32502

CERTIFICATE OF DEATH

20957

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frederick Gray

(a) Residence: No. 1012 E. Eden St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-5-1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	3	12	11

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER

13. NAME Frederick

14. BIRTHPLACE (city or town) R. I.
(State or country)

MOTHER

15. MAIDEN NAME Estelle Langley

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Records of Balto. City Hoepts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem Date 2/19/ 1937

19. UNDERTAKER Mrs. Frances A Hemsley
(Address) 1716 W. Biddle St

20. FILED 19 Registrar

FEB 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/16/37 19

22. I HEREBY CERTIFY, That I attended deceased from 2/9/37 19 to 2/16/37 19

I last saw him alive on 2/16/37 19 Death is said to have occurred on the date stated above, at 11 00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiolitis	2/7/37
Bronchopneumonia	2/9/37
Multiple Small Lung Abscesses	2/12/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) G. Alexander M. D.
(Address) Balto City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

32503 HEALTH DEPARTMENT—CITY OF BALTIMORE 32503

CERTIFICATE OF DEATH

✓ 110

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 E. 23rd St. 12th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John A. Anderson

If U.S. Veteran specify WAR ....

(a) Residence: No. 321 E. 23rd St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen Anderson

6. DATE OF BIRTH (month, day, year) April 9, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greenville S.C.

FATHER

13. NAME George Anderson

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Amelia

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Mrs. Helen Anderson

(Address) 321 E. 23rd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 2/19/ 1937

19. UNDERTAKER Mrs. Frances A. Hemsley

(Address) 528 W. Biddle St

19a. FEB 18 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16. 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1937 to Feb. 16 1937

I last saw him alive on Feb. 15, 1937. Death is said to have occurred on the date stated above, at 8:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Fibrinous Pleurisy	2-12-37
	none

Other contributory causes of importance:

Myocardial Failure

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) M. Ladamus M. D.

(Address) 426 E 23rd St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 32504

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 32504

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Little Sisters of the Poor St. 70 Ward)

CITY OF BALTIMORE: (No. ..... 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

Length of residence in city or town where death occurred ..... If U. S. Veteran specify WAR .....

2. FULL NAME Thomas J. Greeley

(a) Residence: No. 1200 Valley St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 28 Nov. 1864

7. AGE — Years 72 | Months 2 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Michel Greeley

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Mary Ann Boyle

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Sister Pauline Asst. Sup. (Address) Little Sisters of the Poor

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date Feb 18 1937

19. UNDERTAKER Peter Wiedefeld (Address) 914 Gruman Shot Bldg

20. FILED ..... 19..... Registrar.

FEB 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1932, 19.... to Feb 16, 1937

I last saw him alive on Feb 15, 1937. Death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	
Arteriosclerosis	

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. M. Barker, M. D.

(Address) 1114 Hampton

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful in plain terms, so that it may be properly classified. See instructions on back of certificate. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

32505 E 32505

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1734 E. Chase St. 8-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm S. Stan

If U.S. Veteran specify WAR

(a) Residence: No. 1734 E. Chase St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male. | 4. Color or Race: W. | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Amelia J. Stan

6. DATE OF BIRTH (month, day, year): Oct 31, 1862

7. AGE: 74 Years 75 | Months 3 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House Carpenter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0015

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Wm. John Stan

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Pettigord

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs Emily Stan 1734 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL Place: Balto Cem Date: 2/18/37

19. UNDERTAKER (Address): J. Heyman & Son 32 S. Broadway

20. FILED: FEB 18 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/15/37

22. I HEREBY CERTIFY, That I attended deceased from 2/10/37 19 to 2/15/37 19

I last saw him alive on 2/13/37. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) La Grippe	

Other contributory causes of importance: Bronchial Pneumonia

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Kyle Follin M. D.

(Address) 5703 Harford Ave

Instructions: PRINT PLAINLY, WITH INPADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Lurenson

HEALTH DEPARTMENT—CITY OF BALTIMORE

32506 F 32506

CERTIFICATE OF DEATH

Registered No. 15-1095-B

1. PLACE OF DEATH Sinai Hosp. (If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 29 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rebecca Lurenson

(a) Residence: No. 3508 Green Spring Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Isaac

6. DATE OF BIRTH (month, day, year) 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jacob Graffstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Joseph Lurenson
(Address) 4400 Springdale Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rosedale Date Feb 18 1937

19. UNDERTAKER Sol Levinson & Bro
(Address) 427 E Baltimore St

20. Filed FEB 18 1937 Lexington Williams, M.D.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/17/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/16/37, 19..... to 2/17/37, 19.....

I last saw h.. alive on 2/17/37 and Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

a Bronchopneumonia — Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Herbert Klymann, M. D.

(Address) Sinai Hosp

A. B.—WRITE PLAINLY, WITH INKING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 32507

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 32507

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Hester Woods

(a) Residence: No. Ellicott City Howard Co. Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Patric Woods

6. DATE OF BIRTH (month, day, year) Jan. 4, 1897

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	40	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. W. 0027

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Richard Dent

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Hester Johnson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hester Dent

(Address) Ellicott City

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Sutton Date Feb 22 1937

19. UNDERTAKER Easton Sons

(Address) Ellicott City

20. FILED FEB 23 1937 Clifton Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) R. H. Carlton M. D. Coroner

(Address) 2757 W North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32508

CERTIFICATE OF DEATH

✓ 46-E F 32508

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2811 Brighton St. 16-7 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eva Abbott Hutchinson

(a) Residence: No. 2811 Brighton St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of C. Lee Hutchinson

6. DATE OF BIRTH (month, day, year) 1-9-1881

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	56	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas G. Abbott

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine Griffith

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Hutchinson.
(Address) 2811 Brighton

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 2/8/37 19...

19. UNDERTAKER John J. Doherty Sons
(Address) 1318 Light St.

20. FILED FEB 10 1937 Arthur Williams M.D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 21st, 1937 to Feb 16, 1937

I last saw her alive on Jan 21st 1937 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion + Toxaemia	

Other contributory causes of importance:

Cancer of the Liver

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) Claud Munk, M. D.

(Address) 4706 Harford Road

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32509 F 32509

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 N. Monroe St. 30-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Brandt

(a) Residence: No. 2 N. Monroe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 1937

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 6 - 1847

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
89	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sewing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dress making establishments

10. Date deceased last worked at this occupation (month and year) 1913

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Louise Connell
(Address) 2 N Monroe St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Feb. 20, 1937

19. UNDERTAKER Geo W Sittle
(Address) 2700 Edmondson Ave

20. FILED 1937 Huntington Matthews, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 29 - 1935 to July 17 - 1937

I last saw h a alive on July 16 1937. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Valv. heart disease	3 yrs
Myocardial insuff.	1 wk

Other contributory causes of importance:

Arteriosclerosis	10 yrs

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. J Keller M. D.

(Address) 722 W. Monument St

F 32510

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16-6 131 F 32510

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 Claymont St. 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter R. Eckert,

If U. S. Veteran specify WAR

(a) Residence: No. 614 Claymont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Eckert,

6. DATE OF BIRTH (month, day, year) November 23. 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paving Department

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore City

10. Date deceased last worked at this occupation (month, day, year) Jan 30. 1934

11. Total time (years) spent in this occupation 25 Yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Peter Eckert,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Dietz,

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Theresa C. Eckert,
(Address) 614 Claymont Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb. 20 1937

19. UNDERTAKER Geo W Lisle
(Address) 2700 Edmondson Ave.

FILED FEB 18 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17. 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1936 to Feb 17, 1937

I last saw h alive on Feb 16. 1937 Death is said to have occurred on the date stated above, at 11.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	7 yrs
Other contributory causes of importance: Oedema Lungs Bright's Disease	Sept 1936

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Geo. L. Zimmerman M. D.

(Address) 3858 Harford Ave.

N. B.—WHERE PENCIL, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Glee

F 32511 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

53-wF 32511

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens Ave., St., 15-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary E. Glee

If U.S. Veteran specify WAR

(a) Residence: No. 1700 Lakeland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles E. Glee, Jr.

6. DATE OF BIRTH (month, day, year): June 13 1879

7. AGE: Years 57 | Months 8 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chas Woman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B & O RR
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country): Penna

FATHER

13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs. E. Lois Lewis
(Address) 1700 Lakeland St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date FEB 18 1937 19

19. UNDERTAKER: Geo W. Little
(Address) 2200 Edmondson Ave

FEB 13 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 6 Pm, 1937 to 8 15 Pm Feb, 1937

I last saw her alive on Feb. 15 8 Pm, 1937. Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Kidneys	1936
Arteriosclerotic Cardio-Vascular Dis.	1935
Uremic Coma	2-14-37

Other contributory causes of importance:

Obesity

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis G. Llewelyn M. D.

(Address) St. Agnes Hospital

INSTRUCTIONS: Prepare this certificate in duplicate. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32512

CERTIFICATE OF DEATH

F 32512

210-M

16-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert Gregory

If U. S. Veteran specify WAR .....

(a) Residence: No. ..... St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days 27	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country)

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 19, 1937

19. UNDERTAKER John A. Morton
(Address) 3700 E. Baltimore St

20. FILED ..... 19 ..... Washington [illegible], Md.

FEB 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ..... , 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... , M. D.
Coroner

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ 7-32513

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32513

CERTIFICATE OF DEATH

93-C

F 32513

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1526 Thames St., 3 ~~Ward~~)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? 35 yrs. mos. ds.

2. FULL NAME Ludwika Buczek

If U. S. Veteran specify WAR

(a) Residence: No. 1526 Thames St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sylvia

6. DATE OF BIRTH (month, day, year) not known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
abt 52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Joseph Buczek

(Address) 2525 Fait Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Cem. Date Feb 17 1937

19. UNDERTAKER W. S. Trallowski

(Address) 2007 Eastern ave

FILED FEB 18 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Chronic Myocarditis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Wright M. D.
Coroner

(Address) 610 S. Edwards St.

S. E.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32514

CERTIFICATE OF DEATH

32514 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1713 E. Lombard ... Ward.

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Anna L. Weber

(a) Residence: No. 1713 E. Lombard st Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 29 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	8 9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (munth and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Florian Weber

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kunigunde Schuster

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Weber
(Address) 1713 E. Lombard st

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 20 1937
Mount Nr. 6. Dipple
19. UNDERTAKER 37 S. Ann st
(Address)

FILED 19 ... Registrar.

FEB 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1937 to Feb 17 1937

I last saw her alive on Feb 17 1937 Death is said to have occurred on the date stated above, at 12 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb 11 1937
Other contributory causes of importance: Bronchial Asthma	2 yrs

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. H. L. Valentine, D. M. D.

(Address) 16 S. Broadway

F 32515 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32515

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 8-1 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Wilma White (20962)

(a) Residence: No. 1927 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	B.	Widowed.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 10, 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	6	6	5

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2020

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Willie -

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Massie Hughs

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 2/20 37

19. UNDERTAKER Rayner Sanders
(Address) 1473 E. Preston St.

20. FILED 19 Registrar

FEB 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1937 to Feb 16, 1937
I last saw h[illegible] alive on Feb 16, 1937 Death is said to have occurred on the date stated above, at 6 00 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs.	Dec 1936.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Lew H. Feldman M. D.

(Address) Baltimore City Hospitals

Hunter Williams, MD

V 8 3

A. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32516

32516 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 218 S Fremont St. 2d-1 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Oliver Fitzhugh

If U. S. Veteran specify WAR

(a) Residence: No. 218 S Fremont St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Nov 4 1936

7. AGE — Years | Months: 3 | Days: 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Theodore Fitzhugh

14. BIRTHPLACE (city or town) (State or country): Anne Arundel Co Md

MOTHER

15. MAIDEN NAME: Gertrude Fitzhugh

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Theodore Fitzhugh
(Address) 218 S Fremont St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 2/18 19 37

19. UNDERTAKER: Hutton Bros & Rugg
(Address) Baltimore Md

Registrar.

FEB 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/17 37

22. I HEREBY CERTIFY, That I attended deceased from Feb 16 1937 to Feb 17 1937

I last saw him alive on Feb 17 1937 Death is said to have occurred on the date stated above, at 1030 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

(Other contributory causes of importance:
Toxemia

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis: Physical Signs

If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H G Dompkins M.D.

(Address) 501 Cathedral

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Every item of

32517 F 32517

32517 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3724 PARK HEIGHTS AVE. 45-12 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME SUSANNA B. LAYMAN

If U. S. Veteran specify WAR .....

(a) Residence: No. 3724 Park Heights Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry C. LAYMAN

6. DATE OF BIRTH (month, day, year) Apr. 5. 1847

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
89	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) CECIL CO. MD.

FATHER

13. NAME LAMBERT G. FORD

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Harriet BROCK

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT FLORENCE M. LAYMAN
(Address) 3724 PARK HEIGHTS AVE.

18. BURIAL, CREMATION, OR REMOVAL
Place Still Pond Kent Co. Feby 19. 37

19. UNDERTAKER John Mitchell & Sons
(Address) 1900 EUTAW PLACE

20. FILED FEB 19 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 16. 1937 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1936 to Feb 16 1937

I last saw h.. alive on Feb 12 1937. Death is said to have occurred on the date stated above, at 8 4. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Intestines tract	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John A Dean, M. D.

(Address) 612 W. 40th. St.

I. B. BURIAL PERMIT, WITH EXPIRING DATE—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12658

F 32518

F 32518 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 7-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME AUGUSTA LOUISE SERMONS

If U. S. Veteran specify WAR

(a) Residence: No. 1837 E. Lombard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George (Deceased)

6. DATE OF BIRTH (month, day, year) 12-20-1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
73	72	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Leonard Barthelomaeus

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Julia Greenler

16. BIRTHPLACE (city or town) ?
(State or country) Germany

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Feb. 19. 1937

19. UNDERTAKER HENRY SANDER & SONS. INC.
(Address) Baltimore & Broadway.

20. FILED FEB 18 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-16-1937

22. I HEREBY CERTIFY, That I attended deceased from 7-28, 1934 to 2-16, 1937

I last saw h[illegible] alive on 2-16, 1937 Death is said to have occurred on the date stated above, at 9.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	2 Hrs
Other contributatory causes of importance: Cerebral Hemorrhage	Unk

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John L. Kenney M. D.

(Address) Baltimore City Hospitals

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB

F 32519

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 32519

Registered No. 7

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Lyda Hanan Hospital St. 19-L Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bernice Wallace

(a) Residence: No. 321-N. Gilmore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 10, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Moses Wallace

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Virginia Williams

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Virginia Wallace
(Address) 321 N Gilmor St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Feb 20, 1937

19. UNDERTAKER Mrs. Katie R Williams
(Address) 322 N. Schroeder St.

20. FILED Feb 19 1937 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1936 to Feb. 17, 1937

I last saw her alive on Feb. 17, 1937 Death is said to have occurred on the date stated above, at 3:05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Measles	12/20/36
Lobar Pneumonia	12/27/36
Empyema	1/24/37

Other contributory causes of importance:

Was an operation performed? Yes Date of 1/24/37

For what disease or injury? Empyema

Name of operation Thoracotomy Date of 1/24/37

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Sidney Kelman M. D.

(Address) Lyda Hanan Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 19 1937

F 32520

HEALTH DEPARTMENT—CITY OF BALTIMORE

32511 0
32520

CERTIFICATE OF DEATH

53D-34

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. 4-2 St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lattie Johnson
If U. S. Veteran specify WAR

(a) Residence: No. 766 Vine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-25-11

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	25	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER
13. NAME Eddie Johnson
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Carrie Queen
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Town Neck Cem. Co. Md. Date Feb 20, 1937

19. UNDERTAKER Mrs Katie R. Williams
(Address) 3220 Sisson St.

20. FILED ... 19... Registrar

EB 18 1931 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1937 to Feb 15, 1937
I last saw her alive on Feb 15, 1937. Death is said to have occurred on the date stated above, at 10:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Meningitis (non-epidemic)	2-11-37
Tumor of right maxillary sinus invading cranial cavity	? 1927
Other contributory causes of importance:	
Acute otitis media, st	2-8-37
Syphilis	?

Was an operation performed? yes Date of 2-11-37
For what disease or injury? Acute otitis media, st.
Name of operation Myringotomy
What test confirmed diagnosis? Microscopic Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Douglas Chamberlain M. D.
(Address) Johns Hopkins Hosp

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should be careful in filling out this certificate. Every information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 32521

32521 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-B

1. PLACE OF DEATH 627 N. Mount St. 16-3

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Hicks

(a) Residence: No. 627 N. Mount St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Hicks

6. DATE OF BIRTH (month, day, year) Dec. 28, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oxford, N. C.

FATHER

13. NAME Burrell Hicks

14. BIRTHPLACE (city or town) (State or country) Oxford N. C.

MOTHER

15. MAIDEN NAME Adline

16. BIRTHPLACE (city or town) (State or country) Oxford, N. C.

17. INFORMANT Margaret Hicks

(Address) 627 N. Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb. 18, 1937

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED FEB 18 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1937 to Feb 16 1937

I last saw him alive on Feb ... 1937. Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	
Other contributory causes of importance:	
Influenza	

Name of operation ..... Date of .....

What test confirmed diagnosis? Mach Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Signed) Luther R. Fath M. D.

(Address) 1409 Edmondson Ave

B 18 1937

S. 3

Sec. 18.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

32522 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 32522

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 4 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mildred Allender

If U.S. Veteran specify WAR

(a) Residence: No. Chase - Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 13th 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William Smith

14. BIRTHPLACE (city or town) (State or country) Chase Md.

MOTHER

15. MAIDEN NAME Margret Allender

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Margret Allender Mother
(Address) Chase Md.

18. BURIAL, CREMATION, OR REMOVAL Chase Md.
Place St M E Church Cem Date Feb 19 1937

19. UNDERTAKER Mrs Ida O. Elliott-daughter
(Address) 1129 N. Caroline St

20. FILED [illegible] 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB. 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 1937 to FEB 17 1937

I last saw her ALIVE on FEB. 17 1937 Death is said to have occurred on the date stated above, at 5:55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
BILATERAL BRONCHOPNEUMONIA	FEB 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? CLIN Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Roland E. Bieri M. D.

(Address) University Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

32523

HEALTH DEPARTMENT—CITY OF BALTIMORE

32523

CERTIFICATE OF DEATH

93-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4102 Walrad St. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laura Virginia Ricks

If U. S. Veteran specify WAR None

(a) Residence: No. Providence, Balto. Co. Md. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: August G. Ricks

6. DATE OF BIRTH (month, day, year): Aug. 23, 1849

7. AGE: Years 87 | Months 5 | Days 25 24 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year): 1930/37
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (city or town) (State or country): Harmonville Balto. Co. Md.

FATHER

13. NAME: Samuel Constantine
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Elizabeth Gore
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs. A. L. Mansfield
(Address) 4102 Walrad St. Irvington

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Olive Cem. Date: Feb. 19 1937

19. UNDERTAKER: John Burns Sons
(Address) Towson, Md.

20. FILED ... 19... Registrar.

FEB 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 17th 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1936 to Feb 17th 1937

I last saw her alive on Feb 13th 1937. Death is said to have occurred on the date stated above, at 7 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Insufficiency	Sept 1936
Other contributory causes of importance: Senility, General Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.

(Signed) Samuel H. Thos. Jenifer M. D.
(Address) Towson Md.

F 32524

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 32524

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 21-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME David H. Gordon Sr. If U. S. Veteran specify WAR .....

(a) Residence: No. 1133 W. Hamburg St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Elizabeth L. Gordon

6. DATE OF BIRTH (month, day, year) Aug. 22 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Elizabeth L. Gordon

(Address) 1133 W. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date 2/19 1937

19. UNDERTAKER Ambrose, Inc.

(Address) 1017 N. Eutaw St

20. FILED FEB 19 1937 Clayton Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/16/ 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry) to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 919 E. North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ALL of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 6

F 32525 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 11251 F 32525

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 5-2-47-BF Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1910 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Travers

If U. S. Veteran specify WAR

(a) Residence: No. 617 Sterling St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha

6. DATE OF BIRTH (month, day, year) 3-12-1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Richard

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto. City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb. 20th 1937

19. UNDERTAKER Elroy O. Watson

(Address) Brantley Ave

20. FILED FEB 18 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 19, 1935 to Febmary 17, 1937

I last saw him alive on Febmary 17, 1937 Death is said to have occurred on the date stated above, at 3 15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Left Lung with metastasis	Dec 1937
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leon H. Feldman M. D.

(Address) Baltimore City Hospitals

INSTRUCTIONS: WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12627

F 32526

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32526

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maria Jane Pack

If U. S. Veteran specify WAR

(a) Residence: No. 424 N. Caroline St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-8-1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Ed. Farrace

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Julia Jackson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto. City Hospt.s
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Magothy [illegible] Date Feb 20 1937

19. UNDERTAKER Robert E. Williams
(Address) 1515 McElderry St

20. FILED Huntington Williams, M.D.
EB 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-16-1937

22. I HEREBY CERTIFY, That I attended deceased from 6-4-1932 to 2-16-1937

I last saw h. alive on 2-14-1937 Death is said to have occurred on the date stated above, at 8 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 2-15-37

Other contributory causes of importance:

Hypertensive Cardio-Vascular Renal Disease

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Rainey M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32527

HEALTH DEPARTMENT—CITY OF BALTIMORE

32527

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 N. Milton Ave. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel E. Baker Jr.

If U.S. Veteran specify WAR .....

(a) Residence: No. 811 N. Milton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Matilda Baker

6. DATE OF BIRTH (month, day, year) Jan. 4 - 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ry. R. Roll

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Baker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary A. Brown

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. Matilda Baker

(Address) 811 N. Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem. Date Feb. 21. 1937

19. UNDERTAKER J. Ru. E. Ruppert

(Address) 2-5 E. Lanvale St.

20. Filed ... 19 ... Registrar

FEB 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1937 to Feb 17 1937

I last saw h... alive on Feb 17 1937 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Endocarditis
Pleurisy

Date of onset about 3 mos ago

Other contributory causes of importance: Senile Cardiodilation

Date of onset 10 yrs

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Jos. R. Ruppert M. D.

(Address) 700 N. Milton Ave Balto Md

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32528

32528 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32528

CERTIFICATE OF DEATH

20996 / 31

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 25-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 50 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank Herbert

(a) Residence: No. 3929 Fourth Ave., Brooklyn Ward. .....
(Usual place of abode) Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna ?

6. DATE OF BIRTH (month, day, year) 5-2-1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Yeho

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Alice Baker

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date Feb 20 1937

19. UNDERTAKER Lilly & Zeiler, INC.
(Address) 403 Wolfe St. Huntington West Virginia

20. FILED FEB 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-17 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-10 1937 to 2-17 1937

I last saw him alive on 2-17 1937. Death is said to have occurred on the date stated above, at 7.50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis c uremia	3 mo.

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) Balt. City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32529

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32529

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 17-2 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 dys. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Langley

(a) Residence: No. La Plata, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Wh	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 4 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
8 days	—	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) La Plata, Md.
(State or country)

FATHER

13. NAME Lawrence Langley

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Emma Sanders

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date FEB 18 1937

19. UNDERTAKER Commissioner of Health
(Address) Per N. A. Moore

20. Filed ..... 19 ..... Registrar

FEB 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1937, to Feb 17, 1937

I last saw ~~him~~ alive on Feb. 17, 1937. Death is said to have occurred on the date stated above, at 7:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) M. M. Vogelsang M. D.

(Address) Union Memorial Hosp

V8 3

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32530

F 32530 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 N. Exeter St. 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Strahler

(a) Residence: No. 13 N. Exeter St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown Baltimore

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

JOHNS HOPKINS MEDICAL SCHOOL FEB 18 1937 19

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

FEB 18 1937 Huntington Williams M.D. Registrar.

2999 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrh.	
General Debility	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, when? .....

(Signed) Elvin B. Wallace M. D.

Coroner

(Address) 1031 St. Paul St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 66

M. D. B 1268-9

F 32531

F 32531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1139 Wilmer Court St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Thomas

U. S. Veteran specify WAR .....

(a) Residence: No. 1139 Wilmer St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Thomas

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D C

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT William Thomas husband

(Address) 39 Wilmer St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Feb 18 1937

19. UNDERTAKER H. A. Dacus & Son

(Address) 616 N. Eden St

20. FILED Feb 18 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15th 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry) to ... death on the date stated above at 6 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) A. Knox Graves M. D. Coroner

(Address) 19 15 Nanney

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

FEB 18 1937

F 32532

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32532

CERTIFICATE OF DEATH

21035 34-9-79-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS St., 3-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Scott

(a) Residence: No. 122 Lloyd Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Liazie Scott

6. DATE OF BIRTH (month, day, year) 1-13-1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME James Scott

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 2/19 37

19. UNDERTAKER Rayner & Sanders
(Address) 1413 E Preston St

FILED FEB 18 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) 2-17-1937

22. I HEREBY CERTIFY, That I attended deceased from 2-12-1937 to 2-17-1937

I last saw h. / M alive on 2-17 1937 Death is said to have occurred on the date stated above, at 7:20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Meningococcus Meningitis	25 days
coma	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John L. Ranney M. D.

(Address) Baltimore City Hospitals

14

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1049 W Lexington St. 18-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fannie Downs

If U.S. Veteran specify WAR .....

(a) Residence: No. 1049 W Lexington St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 15, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Dover, Del.

FATHER

13. NAME Edward Downs

14. BIRTHPLACE (city or town) (State or country) Balt, Md.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Dover, Del.

17. INFORMANT Melvena Johnson

(Address) 849 W Lexington

18. BURIAL, CREMATION, OR REMOVAL

Place Milford Mem Date Feb 19 1937

19. UNDERTAKER Preston Lusbery

(Address) 819 Monroe St

20. FILED FEB 19 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1937 to Feb 18 1937

I last saw h[illegible] alive on Feb 18 1937. Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1/24/37

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

21. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. H. Forbes M. D.

(Address) Geo. W. McDonald, 609 Cathedral Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

✓ F 32534

HEALTH DEPARTMENT—CITY OF BALTIMORE

32534

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 Mc Henry St. 19-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 87 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Louisa Ebert

(a) Residence: No. 1718 Mc Henry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of August Ebert

6. DATE OF BIRTH (month, day, year) July 16 - 1848

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
88	7	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent at this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Fredrick Schulle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Amelia Ebert

(Address) 1718 Mc Henry St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date February 19 1937

19. UNDERTAKER George L. Schmidt

(Address) 2101 Fredrick Ave.

20. FILED ... 19... ... Registrar.

B 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1936 to Feb 16 1937

I last saw her alive on Feb 5 1937 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	5 yrs
Myocarditis	1 yr
Pulmonary Oedema	1 wk
Other contributory causes of importance:	
Arteriosclerosis	5 yr

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard Kahn, M. D.

(Address) 3027 Fredrick Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 32535

F 32535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2003 Portugal St. 2-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Kowalski

If U. S. Veteran specify WAR .....

(a) Residence: No. 2003 Portugal Street St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Kowalski

6. DATE OF BIRTH (month, day, year) 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd jobs

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr. John Kowalski (Son)

(Address) 2003 Portugal Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Feb 20. 1937

19. UNDERTAKER John M. Welby

(Address) 401 S. Chester St

FEB 18 1937 Washington Village, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17. 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10. 1937. to Feb. 17. 1937.

I last saw him alive on Feb. 17. 1937 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	2-15-37
Other contributory causes of importance: Chronic Myocarditis	6-10-16

Was an operation performed? no Date of .....

For what disease or injury? no

What test confirmed diagnosis? P.S.D. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John V. Swerbicki M. D.

(Address) 1802 Eastern Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32536

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32536 #21117

CERTIFICATE OF DEATH

45-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Belto. City Hospitals St. 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME CZESLAWA Jessie Kozlowski

If U. S. Veteran specify WAR

(a) Residence: No. 2314 Cambridge St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/8/1918

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
18	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph Kozlowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Elsie Borowski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rozary Date Feb 22 19 37

19. UNDERTAKER John L. Weber

(Address) 401 S. Chester St

20. FILED ... 19...

FEB 23 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-17, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-15, 1937 to 2-17, 1937

I last saw her alive on 2-17, 1937 Death is said to have occurred on the date stated above, at 1:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Bacterial Endocarditis	4 mos
Other contributory causes of importance: Rheumatic Heart Disease	Unk

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John L. Kairns M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 32537

F 32537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2441 Barclay St. 12-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ..... No Record

2. FULL NAME Edith M. Hellers

(a) Residence: No. 2441 Barclay St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest O. Hellers

6. DATE OF BIRTH (month, day, year) Nov 28, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Rasmus Reese

14. BIRTHPLACE (city or town) Not known (State or country)

MOTHER

15. MAIDEN NAME Ida B Peed

16. BIRTHPLACE (city or town) ..... (State or country) Va

17. INFORMANT Ernest O Hellers

(Address) 2441 Barclay St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 19, 1937

19. UNDERTAKER William Cook

(Address) 317 St Paul St

20. FILED FEB 19 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1937

22. I HEREBY CERTIFY, That I was in charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
A Cardio Renal Disease	?
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C H Diedrichsen, M. D. Coroner

(Address) Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Use

F 32538

32538 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1201 E. Federal St. 9 9 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 74 yrs. ..... mos. ..... ds.

2. FULL NAME Dorothea Miller

(a) Residence: No. 1201 E. Federal St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Miller

6. DATE OF BIRTH (month, day, year) Jan 4/1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Agnes K. Schoenich

(Address) 1201 E. Federal St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date 2/19/37

19. UNDERTAKER Philip Stadler & Sons

(Address) 2016 Orleans St

20. Filed FEB 19 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16/37

22. I HEREBY CERTIFY, That I attended deceased from Nov 30th, 1936, to Feb 16th, 1937

I last saw her alive on Feb 16, 1937 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	

Other contributory causes of importance:

Chr Nephritis

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur C Monninger M. D.

(Address) 800 E Northern Pkwy

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 32539

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 32539

CERTIFICATE OF DEATH

V 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gns. Hosp St., Ward 8)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie L. Krieger

If U. S. Veteran specify WAR

(a) Residence: No. 1122 E 20th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles J. Krieger

6. DATE OF BIRTH (month, day, year) Dec. 6-1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69 69	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Elsia Brown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Charles J. Krieger

(Address) 1122 E. 20th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 2/20 19 37

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Orleans St

20. FILED FEB 20 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 3:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Brian Cleary M. D. Coroner

(Address) 121 Dawson

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 8

F 32540

F 32540 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1823 W Franklin St. 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie B. Forrester

If U. S. Veteran specify WAR .....

(a) Residence: No. 1820 W Franklin St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benj F. Forrester

6. DATE OF BIRTH (month, day, year) Aug 22-1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John T. Berans

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary J Hunter

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT B. F. Forrester

(Address) 1823 W Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date Feb. 20 1937

19. UNDERTAKER Chas E. Franck

(Address) 1823 Franklin St

20. Filed ..... 19 ..... Registrar.

E. Fin Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18 37

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22 37 to Feb. 18 37

I last saw h.. alive on Feb. 18 1937 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1937
Chr Arthritis	1933
Other contributory causes of importance Chronic Interstitial nephritis	1934

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Physical Date of .....

What test confirmed diagnosis ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Herbert C. Blake M. D.

(Address) Med. Arts Bldg

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s 3

F 32541

F 32541 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 S. Ann St. St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Antonina Czerwinska (Zyglarska) Glass

If U.S. Veteran specify WAR

(a) Residence: No. 520 S. Ann St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Zyglarski

6. DATE OF BIRTH (month, day, year) 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Nowicki

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT John Czerwinski
(Address) 3030 Boston St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Feb. 22 19 37

19. UNDERTAKER Fred. W Ozazewski
(Address) 1930 Eastern Ave.

20. FILED 19

FEB 19 1937 Lexington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 . 1937 . to Feb 18 . 1937

I last saw h Er alive on Feb 18 . 1937 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-13

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leo J. Kulacka M. D.

(Address) 1263 Patterson Park Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

32542

HEALTH DEPARTMENT--CITY OF BALTIMORE

20960 F 32542

CERTIFICATE OF DEATH

21-2 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. 10 mos. 18 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Burton

If U. S. Veteran specify WAR .....

(a) Residence: No. 1241 Glyndon Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles Burton

6. DATE OF BIRTH (month, day, year) 2/2/1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 00 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) W. Va.
(State or country)

FATHER

13. NAME Henry Steckman

14. BIRTHPLACE (city or town) Pa.
(State or country)

MOTHER

15. MAIDEN NAME Martha Dennison

16. BIRTHPLACE (city or town) W. Va.
(State or country)

17. INFORMANT David C. Burton
(Address) 1241 Glyndon Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date February 20, 1937

19. UNDERTAKER Howard N. Blight & Co.
(Address) 4914 Belair Road

FILED FEB 19 1937 19..... Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1937, to Feb 18, 1937

I last saw her alive on Feb 18, 1937. Death is said to have occurred on the date stated above, at 10:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asteriosclerotic heart disease	Jan 1937
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. A. De Santille, M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

4831

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32543 ORB 2543

F 32543

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2833 W Garrison St. 27-17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 35 yrs. ... mos. ... ds.

2. FULL NAME Reuben Bard

If U.S. Veteran specify WAR ....

(a) Residence: No. 2833 W Garrison Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Ida

6. DATE OF BIRTH (month, day, year): 1888

7. AGE: Years 49 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Abraham Bard

14. BIRTHPLACE (city or town) (State or country): Russia ?

MOTHER

15. MAIDEN NAME: Katie

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: wife

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Bard's Shrew Date 2-19-37

19. UNDERTAKER: Jos. B. Levy Inc. 1913 E Baltimore St

(Address)

20. FILED: Lillington Williams, M.D. Registrar

FEB 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-18-37. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1935, to Feb 17, 1937

I last saw him alive on Feb 17, 1937. Death is said to have occurred on the date stated above, at 1:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pulmonary Arteriosclerosis	?
Chr. Myocarditis	1½ yr

Other contributory causes of importance:

Was an operation performed? No Date of ....

For what disease or injury? ....

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Meyer Miller, M. D.

(Address) 4831 Park Hts Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32544

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32544

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2197 N. Washington St., 6-E Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 5 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles J. Schmitt

(a) Residence: No. 2197 N. Washington St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 10, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. City Md.

FATHER

13. NAME Joseph Schmitt

14. BIRTHPLACE (city or town) (State or country) Cumberland Md.

MOTHER

15. MAIDEN NAME Mildred Behnken

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. Jos. Schmitt

(Address) 2197 N. Washington St.

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Date Feb. 17, 37

19. UNDERTAKER Heath Lovelace Sons

(Address) 7401 Belair Road

FEB 13 1937

[illegible] Eastern Williams Ave

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) Feb 15, 37

21. I HEREBY CERTIFY, That I attended deceased from Feb 14 37, to Feb 15 37

I last saw him alive on Feb 17 37 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro Enteritis	7 Days
Other contributory causes of importance: Pneumonia	1 Day

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(If so, specify)

(Signed) Edward J. Scott M. D.

(Address) 413 N. Washington St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32545 F 32545

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 35a

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Dumas St., 11-H Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lena Jackson

If U.S. Veteran specify WAR .....

(a) Residence: No. 1218 Gilmor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Ga.

FATHER

13. NAME Will Streets

14. BIRTHPLACE (city or town) ..... (State or country) Ga.

MOTHER

15. MAIDEN NAME Pitsey Rivers

16. BIRTHPLACE (city or town) ..... (State or country) Ga.

17. INFORMANT Minnie Wilder

(Address) 1218 Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cemetery Date Feb 19 1937

19. UNDERTAKER Adolphus Halstead

(Address) 918 Druid Hill Ave.

20. FILED FEB 19 1937 Clayton White, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-15 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-Dr- 1937 to 2-15 1937

I last saw her alive on 2-15 pm 1937 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis	8 wks.
Pelvic Abscess	
Other contributory causes of importance:	
	con

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. F. Palmer M. D.

(Address) Provident Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

M. D. B 1268-9

F 32546

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32546

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1668 W. Mosher St., ... Ward) 4

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. Armstrong

If U. S. Veteran specify WAR ...

(a) Residence: No. Frederick Rd & Calo Ave St., Catonsville Ward. 2nd Rd Phoenix Co

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie L. Armstrong

6. DATE OF BIRTH (month, day, year) Jan 14, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pb. 0059

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Jamestown Tenn

FATHER

13. NAME William V. Armstrong

14. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER

15. MAIDEN NAME Elizabeth Stanfield

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT Lillie L. Armstrong Wife

(Address) Catonsville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Westview Cem. Date 2/17/37

19. UNDERTAKER Harry H. Waltz

(Address) 4505 Edmondson Ave

20. FILED FEB 19 1937 Huntington Nov 17 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15th, 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry)

to ... death on the ... at about 10.30 pm,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet wound in head	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 2/15/ 19 37

Where did injury occur? 1668 W. Mosher St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Shot self with pistol

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) C. Hann, Coroner M. D.

Coroner

(Address) 1215 Hanover

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

32547

CERTIFICATE OF DEATH

82-W F 32547

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James H. Dent.

If U. S. Veteran specify WAR

(a) Residence: No. 2025 Llewellyn Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola Dent

6. DATE OF BIRTH (month, day, year) 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash. D. C.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Viola Dent
(Address) 2025 Llewelyn Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 2/18 19 37

19. UNDERTAKER Thomas E. Nelson
(Address) 1303 Presstman St.

20. FILED 19 Registrar

FEB 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/17/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 2/4/37. 19 to 2/17/37. 19

I last saw h. alive on 2/12/37. 19 Death is said to have occurred on the date stated above, at 7 02 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	2/4/37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so specify

(Signed) Isaiah A. Hunt. M. D.

(Address) Md. Gen. Hospital.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

3 32548 — 32548 — 32548

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. 15-1 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hinton Jordon — If U. S. Veteran specify WAR

(a) Residence: No. 1633 N. Eutaw St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora Jordon

6. DATE OF BIRTH (month, day, year) April 7, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	yrs. 10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (odd)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Cem. Date 2/20 '37 19

19. UNDERTAKER Thomas E. Kelsey
(Address) 1303 Presstman St

20. FILED 19 — Registrar of Vital Statistics — FEB 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 4, 1937, to February 17, 1937

I last saw h[illegible] alive on February 17, 1937 Death is said to have occurred on the date stated above, at 2.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis of Peritoneum & Pleurae & Carcinomatosis of Abdomen, Liver & Lungs	Sept. '36
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1-18-37

For what disease or injury? Carcinoma of Colon

Name of operation Intestinal Obstruction

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William Gray Watson M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. Age should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 32549

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32549

CERTIFICATE OF DEATH

Registered No. 75

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Falls Rd N Mt Vernon Hospital St.) 12 Ward)

Length of residence in city or town where death occurred 46 yrs. 2 mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Wm. L Farley

(a) Residence: No. 2414 Maryland av St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Farley

6. DATE OF BIRTH (month, day, year) Nov 24 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Frank E Farley

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margt E Murray

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Lucy Donnelly
(Address) 2414 Maryland av

18. BURIAL, CREMATION, OR REMOVAL
St Joseph Govan Md 2/20 1937

19. UNDERTAKER George Farley
(Address) Towsonville

20. FILED FEB 19 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exposure to Cold	2/17/37
Other contributory causes of importance: Chronic Alcoholism	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. W. Heidenhoner M. D.
Coroner

(Address) Towson

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

32550

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32550

CERTIFICATE OF DEATH 20-49 47-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George A. Webber

If U. S. Veteran specify WAR

(a) Residence: No. 1004 Somerset St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Webber

6. DATE OF BIRTH (month, day, year) 3-26-1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	11 10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 10

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Const

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Clayborne Webber

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ella Wilson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Co. Date 2/20 '37

19. UNDERTAKER Williams Cook
(Address) 1217 St Paul Street

20. FILED FEB 19 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18-1937

22. I HEREBY CERTIFY, That I attended deceased from 1-28-1937 to 2-18-1937

I last saw him alive on 2-18-1937 Death is said to have occurred on the date stated above, at 12:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx	?
Bronchopneumonia	1-30-37

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) O. L. Brantigan, M. D.

(Address) Baltimore City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. FIGURES should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32551

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32551

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1815 Westphal Pl 24-4 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in City or Town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John E. Connolly

If U. S. Veteran specify WAR

(a) Residence No. 1815 Westphal Pl St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Oct 20-1910

7. AGE: Years 26 | Months 3 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: James P Connolly

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Geneva Browning

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs. Madeline Kelm (Address) 1815 Westphal Pl

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Olivet Date: 2/22/37

19. UNDERTAKER: Geo. L. Alexander (Address) 1812 Gallow St

20. FILED: [illegible] Registrar

FEB 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1936 to Feb 18, 1937

I last saw him alive on Feb 18, 1937. Death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2 mos
Other contributory causes of importance:	
Exhaustion	2 da

Was an operation performed? No Date of —

For what disease or injury?

Name of operation: none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

2/19/37 (Signed) R. E. H. Campbell M. D.

(Address) 7644 Hanover St

Information should be carefully supplied. A term unknown may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 32552 F 32552

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 E. 21st Street St., 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Flora A. Miller

(a) Residence: No. 721 E. 21st Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 27, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Henry W. Miller

14. BIRTHPLACE (city or town) (State or country) Prussia

MOTHER

15. MAIDEN NAME Katherine Ackerman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Helen Rupp

(Address) 1305 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Feb. 9, 1937

19. UNDERTAKER Henry Sander & Son

Address Broadway & Baltimore St. Per J. Bader

FILED FEB 19 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	

Other contributory causes of importance:

Cerebral Apoplexy

Was an operation performed? No Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave.

Use information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32553

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32553

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Union Memorial Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 27-14 Ward)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Frederick E. Blaser — If U. S. Veteran specify WAR .....

(a) Residence: No. 610 Somerset Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Cheever

6. DATE OF BIRTH (month, day, year) Dec. 14. 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assistant Secy - Treas.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chas. Galloway Bld'g

10. Date deceased last worked at this occupation (month and year) 0009

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tomah Wisc.

FATHER

13. NAME John P. Baker

14. BIRTHPLACE (city or town) (State or country) Louisiana

MOTHER

15. MAIDEN NAME Marie Stacy

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs. Elva B. Robinson
(Address) 501 Overhill Road

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date Feby. 19 1937

19. UNDERTAKER John Whitehead & Sons
(Address) 1900 Eutaw Place

20. FILED ..... 19 ..... Registrar.

FEB 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17 . 1937

22. I HEREBY CERTIFY, That I attended deceased from July 12th, 1936, to February 17th, 1937

I last saw him alive on Feb 17th 1937. Death is said to have occurred on the date stated above, at 9.43 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic infectious arthritis	1932
Arteriosclerosis	
Other contributory causes of importance:	
Lobar Pneumonia	2/8/37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Spontaneous Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Howard A. Kelly M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32554

32554 **HEALTH DEPARTMENT—CITY OF BALTIMORE** #20570

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 1-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ronald Reickert

If U. S. Veteran specify WAR

(a) Residence: No. 809 S. Curley St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/30/35

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
19 months	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Herbert

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Gertrude Zeberlein

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
PL JOHNS HOPKINS MEDICAL SCHOOL FEB 19 1937 19
Commissioner of Health
Per H. A. Moore

19. UNDERTAKER
(Address)

20. FILED 19
Registrar

FEB 19 1937 F 30557

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-12 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-25 1937 to 2-12 1937

I last saw him alive on 2-12 1937 Death is said to have occurred on the date stated above, at 6.40 ? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-26-37
	over

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. B. Josey M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32555

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32555 13766

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals Ward 10-1 St. Ill e)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Sabel

(a) Residence: No. 1103 Forrest St. St., ...Ward.....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/25/1856

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
80	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Edith Denvow

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date FEB 19 1937 19

19. UNDERTAKER Commissioner of Health
(Address)

20. FILED FEB 19 1937 19 Per H. A. Mueller
Huntington Pinkett M.D.

3003

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-14 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-4 1936 to 2-14 1937

I last saw h.m alive on 2-14 1937 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-12-37
Acute Edema of Larynx	2-12-37

Other contributory causes of importance:

Cerebro-vascular Accident, Hemiplegia	?
Hypertension	?

Was operation performed? Yes Date of 2-12-37

For what disease or injury? Tracheotomy

Name of operation Edema of Larynx - Acute

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) A. E. Brantigan M. D.

(Address) Baltimore Md.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32556

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32556

CERTIFICATE OF DEATH

20753 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE; (No. Balti ore City Host.s St., 4-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Lyons

If U. S. Veteran specify WAR

(a) Residence: No. 326 N. Green St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
46	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknwon

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL FEB 19 1937 19

19. UNDERTAKER Commissioner of Health
(Address)

Per H. A. Moore

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-14-1937

22. I HEREBY CERTIFY, That I attended deceased from 2-1 19 37 to 2-14 19 37

I last saw him alive on 2-14 19 37 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid Hemorrhage	16 hrs

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Kearney M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, with pen and ink. AGE should be stated EXACTLY. This information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

FEB 19 1937

E 32557

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 32557

CERTIFICATE OF DEATH

6-5 V 23

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Faison Hill (19902) If U. S. Veteran specify WAR

(a) Residence: No. 203 N. Bond St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ??

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Car.

FATHER

13. NAME Fred

14. BIRTHPLACE (city or town) (State or country) N. Car.

MOTHER

15. MAIDEN NAME Annie Cobbs

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL FEB 19 1937 19

19. UNDERTAKER Commissioner of Health
(Address)

20. FILED 19 Per H. A. Moore Registrar.

3066

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 14 1937

22. I HEREBY CERTIFY, That I attended deceased from December 31, 1936 to February 14, 1937

I last saw him alive on February 14, 1937 Death is said to have occurred on the date stated above, at 5:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Oct 1936
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place?

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leon H. Feldman M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

F 32558

32558

HEALTH DEPARTMENT—CITY OF BALTIMORE

#12681

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 22-1 Ward) 69

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hare or Howard, George

If U. S. Veteran specify WAR

(a) Residence: No. 108 Hughes St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 2/14/1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0048

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) N. C. (State or country)

FATHER

13. NAME Duncan Hare

14. BIRTHPLACE (city or town) N. C. (State or country)

MOTHER

15. MAIDEN NAME Della Mason

16. BIRTHPLACE (city or town) N. C. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL
JOHNS HOPKINS MEDICAL SCHOOL FEB 19 1937 19
Commissioner of Health

19. UNDERTAKER (Address)
Per H. A. Moore

20. FILED. Washington Watkins Registrar

EB 19 1937 3004

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-13 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-21 1928 to 2-13 1937

I last saw him alive on 2-13 1937 Death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage?	2-12-37
Other contributory causes of importance: Hypertensive Cardio Vascular and Renal Disease	

Was an operation performed? ND Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Rainey M. D.

(Address) Baltimore City Hospitals

F 32559

32559

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Donald Bauer

If U. S. Veteran specify WAR .....

(a) Residence: No. 2505 Pelekas Ave., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-20-1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1 mths.	4 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry J. Bauer

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Maria Niebording

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 2-20 19 37

19. UNDERTAKER Leonard J. Keogh

(Address) 1305 Hanford Rd

20. FILED FEB 19 1937 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6 1937 to Feb. 15 1937

I last saw h. alive on Feb. 15 1937 Death is said to have occurred on the date stated above, at 10.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Lobar Pneumonia	2/9/37
Other contributory causes of importance:	

Was an operation performed? — Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Irving Freeman, M. D.

(Address) Mercy Hosp.

information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

32560 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 32560

CERTIFICATE OF DEATH

94B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 E. 30 St. 9-6 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME John A. Flood If U.S. Veteran specify WAR

(a) Residence: No. 1606 E. 30 St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Mrs. Henrietta M. Flood

6. DATE OF BIRTH (month, day, year) Jan. 30 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hartford Conn.

FATHER

13. NAME Mr. [illegible]

14. BIRTHPLACE (city or town) (State or country) Mr. [illegible]

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Henrietta M. Flood

(Address) 1606 E. 30 St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cemetery Date February 22 1937

19. UNDERTAKER Henry Stockslager, Inc

(Address) 301 E. Eager St.

20. FILED FEB 13 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14 1937 to Feb. 18 1937

I last saw h[illegible] alive on Feb. 17 1937. Death is said to have occurred on the date stated above, at 4:4 m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset

Other contributory causes of importance:

Gall Bladder Disease (over)

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael Grossfeld, M. D.

(Address) 5401 Belair Rd

Grossfeld

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. Reg. No. F 32561

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32561

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 11-1 Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR None

2. FULL NAME John Edward Bramble

(a) Residence: No. 1208 Guilford Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sallie Robinson Bramble

6. DATE OF BIRTH (month, day, year) about 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	about 78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired of?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance

10. Date deceased last worked at this occupation (month and year) about July/36

11. Total time (years) spent in this occupation abt. 30 yrs

12. BIRTHPLACE (city or town) Dorchester Co. (State or country) Maryland

FATHER

13. NAME John Bramble

14. BIRTHPLACE (city or town) Dorchester Co. (State or country) Maryland

MOTHER

15. MAIDEN NAME Olivia Travers

16. BIRTHPLACE (city or town) Dorchester Co. (State or country) Maryland

17. INFORMANT Mr. Frank Henry (3rd. cousin)
(Address) 3721 W. Garrison Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge Md. Date Feb/20/37 19

19. UNDERTAKER Stewart & Mowen Company
(Address) 108 W. North Avenue.

20. FILED FEB 22 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:
Bronchial asthma

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) 1010 S. Ellwood Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32562

F 32582 324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7-5 72-D

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest Redmond If U. S. Veteran specify WAR

(a) Residence: No. 504 N. Dallas St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11 | 2 | 04

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Porter. Factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME George Redman

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Sarah Rose

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Feb 20 1937

19. UNDERTAKER P Abbott Williams
(Address) 15-15 McElderry St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1937 to Feb 17 1937

I last saw him alive on Feb 17 1937. Death is said to have occurred on the date stated above, at 330 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
? Hodgkins disease	Dec 25
Other contributory causes of importance:	

Was an operation performed? yes, biopsy of sternal marrow Date of Feb 11

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) R Carmichael Pilgrim M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. All blanks should be filled. EXACT and complete statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 19 1937

Washington Suburban, MD

F 32563

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32563

CERTIFICATE OF DEATH

34-J-23

1. PLACE OF DEATH Baltimore City Hospitals — 3 — 1 — Registered No.

CITY OF BALTIMORE: (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gordon Burton — 119492 — If U. S. Veteran specify WAR

(a) Residence: No. 37 S. Bond St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 1902

6. DATE OF BIRTH (month, day, year) March 26, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34 37	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. 00 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Daniel Burton

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rachel Williams

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Cem Date Feb 19 1937

19. UNDERTAKER Robert Williams

(Address) 20-16 McElderry St

20. FILED FEB 19 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1936 to Feb 15 1937

I last saw h.m alive on Feb 15 1937 Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Oct 1936
Other contributory causes of importance:	00

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Leon H. Feldman M. D.

(Address) Baltimore City Hospitals

F 32563

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1934

F 32564

F 32564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katie Thompson

If U. S. Veteran specify WAR .....

(a) Residence: No. 303 Myrtle Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charlie Thompson

6. DATE OF BIRTH (month, day, year) Sept 2, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Edw. Wickes

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Emma Darage

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Pearl Barnes

(Address) 303 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb. 20, 1937

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N. Schroeder St.

FILED FEB 19 1937, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocardial Decompensation	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Chas B. Wallace M. D.

Coroner

(Address) 1031 St Paul St

Information should be carefully supplied. Any omission or error should be corrected. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 32565

To Richardson · W 25-11.

F 32565

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2712 Fox St. St., 12-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Engelhardt.

If U.S. Veteran specify WAR .....

(a) Residence: No. 2712 Fox St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susan Engelhardt.

6. DATE OF BIRTH (month, day, year) March 17, 1854.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82.	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME John C. Englehardt.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Gumany.

17. INFORMANT George E. Engelhardt.

(Address) Edmondson Ave (near) Ingleside

18. BURIAL, CREMATION, OR REMOVAL

St Mary's Hampden. Date Feb 20, 1937

19. UNDERTAKER Clemens & Son.

(Address) 3615-17 Edmondson Ave.

20. [illegible] Huntington Williams M.D.
(Registrar)

FEB 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1936 to Feb 18, 1937

I last saw him alive on Feb 18, 1937. Death is said to have occurred on the date stated above, at 2:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis	Feb 10, 36
Cerebral Softening	"

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Richardson M. D.

(Address) 1170 W. 25th St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32566

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 W 39th St. 12-1 Ward)

Length of residence in city or town where death occurred ... yrs. Life mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henrietta W. Wheeler.

(a) Residence: No. 101 W 39th St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Wheeler.

6. DATE OF BIRTH (month, day, year) June 22. 1856.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME William Smallwood.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Mary A. Hopton

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Mrs. William Howell.
(Address) 101 W 39th St.

18. BURIAL, CREMATION, OR REMOVAL
Mt. Olivet, Howard Co. md. Date Feb 20, 1937

19. UNDERTAKER Chenowith & Co.
(Address) 3615 Roland Ave.

B 191937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 1935 to Feb. 18th 1937

I last saw her alive on Feb. 18th 1937 Death is said to have occurred on the date stated above, at 11.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Parkinsons Disease	5 yrs.
Bronchopneumonia	2-16-37

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) George E. Cross M. D.

(Address) 78 W 25th St.

information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 32567

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32567

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 N Parish St., 19-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph William Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 310 N Parish St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Jan 7-1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Jennings Johnson

14. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER

15. MAIDEN NAME Alyce Davis

16. BIRTHPLACE (city or town) (State or country) Balto md

17. INFORMANT Mrs Grace Hughes

(Address) 310 N Parish St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cemetery Date 2-20 1937

19. UNDERTAKER Mrs Nettie L. McCloskey

(Address) 722 N. Schroeder St.

20. Filed ..... 19 ..... Registrar .....

B 191931

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchial pneumonia	2/15/37

Other contributory causes of importance: .....

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) Jno. F. Allen M. D. Coroner

(Address) 150 Fayette St W

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 32568

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32568

CERTIFICATE OF DEATH

4-2-423

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 Vine St. St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Paul Emory Clinton

If U. S. Veteran specify WAR .....

(a) Residence: No. 710 Vine St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) May 9, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	21	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date decedent last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Paul Clinton

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Flora Henson

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Paul Clinton

(Address) 710 Vine St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Feb 20, 1937

19. UNDERTAKER Mrs Kate R. Williams

(Address) 322 E Lexington St.

20. FILED ..... 19 ..... Registrar

FEB 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. W. Wilson M. D.

Coroner

(Address) 2757 Walbrook

Blank must be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

32569

HEALTH DEPARTMENT—CITY OF BALTIMORE

32569

CERTIFICATE OF DEATH

X 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2229 Pelham Ave St. 8-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr. Wm Chas. Schroeder

(a) Residence: No. 2229 Pelham Ave St., Ward. Virginia

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen W. Schroeder

6. DATE OF BIRTH (month, day, year) Feb 19 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 05

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Charles Schroeder

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Kitty

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Helen W. Schroeder

(Address) 2229 Pelham Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Portsmouth Va Date 2/20/37 19

19. UNDERTAKER Philip J. Hennig Sons

(Address) 2016 Orleans St

20. FILED Huntington Williams M.D.

FEB 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18 1937

22. I HEREBY CERTIFY, That I attended deceased from June 23d 1937 to Feb 18th 1937

I last saw h alive on Feb 18th 1937. Death is said to have occurred on the date stated above, at 10:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Feb 18/37
Chronic Interstitial Nephritis	Prob Years

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Huntington Williams J. Hennig M. D.

(Address) 1900 Eastern Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

32570

CERTIFICATE OF DEATH

10 or 9 32570

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 3-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? 25 yrs. mos. ds.

2. FULL NAME Mary Eskrich

If U. S. Veteran specify WAR

(a) Residence: No. 117 Lloyd St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Eskrich

6. DATE OF BIRTH (month, day, year) 4-21-1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	9 6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME George Ticuk

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Feb 20 1937

19. UNDERTAKER John C. Miller
(Address) 2733-35 E. Baltimore St.

20. FILED Feb 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-16 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-13 1937 to 2-16 1937

I last saw her alive on 2-16 1937 Death is said to have occurred on the date stated above, at 6.28 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	3 wks
Other contributory causes of importance: Emphysema (Organisms undetermined)	2 yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Ramey M. D.
(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

F 32571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 32571

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1942 N. Gay Street St., 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. 2 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Catherine J. Brauer

(a) Residence: No. 1942 N. Gay Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Brauer

6. DATE OF BIRTH (month, day, year) Dec. 3, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore " Md.

FATHER

13. NAME George Huebbner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Stohl

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Carl Brauer (Son)

(Address) 1942 N. Gay Street

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Feb. 22 1937

19. UNDERTAKER Albert L. Nitz

(Address) 1606 N. Chester Street

B 2-19-1937 Arrington for Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1937 to February 18, 1937

I last saw h.er alive on February 18, 1937. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Nephritis.	

Other contributory causes of importance:

Arteria sclerosis - Hypertension	3 years
Cerebral Hemorrhage	6 days

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter W White Jr M. D.

(Address) 2801 St Paul St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

32572

✓ F 32572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1421 Jefferson St., 5-1 Ward)

Length of residence in city or town where death occurred 61 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Martha Porter

(a) Residence: No. 1421 Jefferson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	colored	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Porter

6. DATE OF BIRTH (month, day, year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Owen Reynolds

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Blanch Ford

(Address) 1421 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL

Place Arbor Lawn Mem Park Date Feb 21, 1937

19. UNDERTAKER Mrs Lukas G. Bailey

(Address) 1421 Jefferson St

20. [illegible] Washington Boulevard

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 18, 1936 to Feb 17, 1937

I last saw h alive on Feb 16, 1937. Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	
Other contributory causes of importance: Mitral Insufficiency	

Was an operation performed? no Date of .....

For what disease or injury? ✓

Name of operation ..... Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Edw. Fisher 1612 E Monument M. D.

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 19 1937

F 32573 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 32573

21138

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St. 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Nettie Butler

(a) Residence: No. 456 E. Federal St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Woman	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) 7-5-1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

FATHER

13. NAME James Brown

14. BIRTHPLACE (city or town) Maryland (State or country)

MOTHER

15. MAIDEN NAME Rose

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Records of Balto. City Hospts. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place St Lukes Cem Date 2-21 37

19. UNDERTAKER Charles H Burkett (Address) 5 E Lanvale St

20. FILED 19 Registrar.

FEB 19 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-16 1937 to 2-18 1937

I last saw her alive on 2-18 1937 Death is said to have occurred on the date stated above, at 9:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Renal Disease with uremia.	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Rainey M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

✓ F 32574

32574 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1529 Locust + curtis Bay St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 35 yrs. ... mos. ... ds.

2. FULL NAME Ludwisia Rogalska

If U. S. Veteran specify WAR .....

(a) Residence: No. 1529 Locust St., 25-3 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race Female W. | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Julian

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 48	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mary Rogalska

(Address) 1529 Locust St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross R.C. Date Feb 22 19 37

19. UNDERTAKER W. S. Tialkowski

(Address) 2007 Eastern Ave

B 19 1937 Washington Hotel

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1 1936 to Feb 18 1937

I last saw her alive on Feb 18 1937. Death is said to have occurred on the date stated above, at 12:10 p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis Duration of disease 1 yr

Cerebral hemorrhage 5 hrs

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Leon D. Hollca M. D.

(Address) 900 Pennington Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32575

32575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2405 Aiesa av St., 27-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie Charlotte Wurtzbuerger

(a) Residence: No. 2405 Aiesa St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nathan Wurtzbuerger

6. DATE OF BIRTH (month, day, year) Nov. 21. 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	52	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Aug 1936

11. Total time (years) spent in this occupation 35+

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry Zick

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Charlotte Bosney

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Marie Schick

(Address) 2405 Aiesa av

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date 2-20-37

19. UNDERTAKER George J. Smith Inc

(Address) 1725 Harlem Ave Baltimore

Filed FEB 19 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1936 to Feb 17, 1937

I last saw her alive on Feb 16, 1937 Death is said to have occurred on the date stated above, at 2.10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4 d.
Other contributory causes of importance: Mitral Regurgitation	6 mo
Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. F. A. Steiner M. D.

(Address) 2878 Stafford Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32576

32576

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1561-Carswell Street St., 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. unknown mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John R. Houck

If U.S. Veteran specify WAR no

(a) Residence: No. 1561-Carswell Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. (Robinson)

6. DATE OF BIRTH (month, day, year) 6/6/1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	8	11	xxxxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fire Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York, Pa.

FATHER

13. NAME John A. Houck

14. BIRTHPLACE (city or town) (State or country) York, Pa.

MOTHER

15. MAIDEN NAME Mary A. Dugan

16. BIRTHPLACE (city or town) (State or country) Texas, Md.

17. INFORMANT (Address) 1561-Carswell Street Mrs. Mary E. Houck

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 2/20/37

19. UNDERTAKER (Address) 1734 Hoffman St Ruth Funeral Home

20. FILED 2 19 1937 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-17-1937

22. I HEREBY CERTIFY, That I attended deceased from 7-7-1936 to 2-17-1937

I last saw h. alive on 2-16-1937. Death is said to have occurred on the date stated above, at 4:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & hypertension	Unknown
Chronic nephritis	
Other contributory causes of importance:	
Apoplexy	2/17/37

Was an operation performed? No. Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jno. B. Seybert M.D.

(Address) 7802 Harford

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B

F 32577

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32577

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Union Memorial Hospital

Registered No.

CITY OF BALTIMORE: (No. 27-17 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gwendolyn May Raver

If U. S. Veteran specify WAR

(a) Residence: No. 5009 Palmer Av. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 31 1927

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Girl

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City

FATHER

13. NAME Robert F. Raver

14. BIRTHPLACE (city or town) (State or country) Balto Co

MOTHER

15. MAIDEN NAME Mary K. Flohr

16. BIRTHPLACE (city or town) (State or country) Carroll Co

17. INFORMANT Robert F. Raver

(Address) 5009 Palmer Ave Balto.

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Date Feb. 22, 1937

19. UNDERTAKER J. F. Kline & Sons

(Address) Reisterstown Md

Registrar.

FEB 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1937, to Feb 19, 1937

I last saw her alive on Feb 19, 1937. Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar right	2-11-37
Secondary anemia	Oct. 1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. B. Smith M. D.

(Address) Union Memorial Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 1 1937

F 32578

32578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) Maryland General Hospital (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city of Sarah where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Sallie B Jacobs

If U. S. Veteran specify WAR

(a) Residence: No. 1705 Montpelier St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward C. Jacobs

6. DATE OF BIRTH (month, day, year) Mar. 1st 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME John Walter

14. BIRTHPLACE (city or town) (State or country) D. C.

MOTHER

15. MAIDEN NAME Johanna Duvall

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Miss Isabel Jacobs
(Address) 1705 Montpelier St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Cemetery Date 2/22 1937

19. UNDERTAKER E. J. Fanning & Son
(Address) 1938 E. Lafayette Ave.

20. FILED [illegible] Registrar.

B 19931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/18/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 2/14/37, 19, to 2/18/37, 19

I last saw h[illegible] alive on 2/18/37. 19 Death is said to have occurred on the date stated above, at 8 25 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tobacco Bronchopneumonia.	2/13/37
Other contributory causes of importance: Art. Sclerotic C-V Disease	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Josiah A. Hunt. M. D.

(Address) Md. Gen. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 32579

32579 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

78

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital 4-8 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Donsed Bailey

(a) Residence: No. 2240 Cecil Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/13/1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Bailey

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Haber

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Elizabeth Bailey (Address) 2240 Cecil Ave

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem Date Feb 20 1937

19. UNDERTAKER Mary M Woodford (Address) 501 E 42nd St

20. FILED FEB 19 1937 Herrington Miller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1937 to Feb 17, 1937

I last saw him alive on Feb 17, 1937. Death is said to have occurred on the date stated above, at 2.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis (Coma Lethargica)	1 Wk
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank R Stephenson M. D.

(Address) St Josephs Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 32580

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 32580

184

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St., 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

if U. S. Veteran specify WAR .....

2. FULL NAME Henry Clarke Jetter

(a) Residence: No. 2911 Preastman St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of 2/2/1914

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
23	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Med Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto. Md (State or country)

FATHER

13. NAME Joseph J. Jetter

14. BIRTHPLACE (city or town) Balto Md (State or country)

MOTHER

15. MAIDEN NAME Mary Hughes

16. BIRTHPLACE (city or town) Wallingford Md (State or country)

17. INFORMANT Joseph Jetter (Address) 2911 Preastmen

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 2/20/ 1927

19. UNDERTAKER Wm. M. Fitzsimmons (Address) 2911 Preastman St

Date 2/19/1927 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18-1927

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound in Abdomen	
Shock + Hemorrhage	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2/18/1927

Where did injury occur? Belmont & Pratt Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury Shot by Person or persons

Nature of injury Gunshot Wound Accidently

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas. B. Wallace M. D. Coroner

(Address) 103 St Paul St

per Ethell

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

3 19 1937

✓ F 32581

32581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UMH St. 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stanley Hayden Wallis

If U. S. Veteran specify WAR

(a) Residence: No. Bel Air Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 17. 1922

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	14	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm O. Wallis

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Flossie Hayden

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs O. Wallis

(Address) Bel Air Md

18. BURIAL, CREMATION, OR REMOVAL

Where Bel Air Md Date Feb 22 19 37

19. UNDERTAKER Degan & Foster

(Address) Bel Air Md

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1937 to Feb 19 1937

I last saw him alive on Feb 19 1937 Death is said to have occurred on the date stated above, at 8.58 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia lobar	2-6-37
Other contributory causes of importance Nephritis acute	2-16-37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edwin B Jarrett M.D.

(Address) 1115 St Paul St, City.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

4.0 1937

F 32582

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32582

34-C-95-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH: St Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens and Caton Ave Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 13 ds. How long in U. S. If of foreign birth? 33 yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Dr Reinhart Block

(a) Residence: No. Severna Park, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Anna Reinhart

6. DATE OF BIRTH (month, day, year) about 1888 ✓

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49 ?				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Block

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hosp Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 2/20/37 19

19. UNDERTAKER Geo F Boyle & Co
(Address) 1612 Hollins St

20. FILED ..... for William ..... Registrar

FEB 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 18 1937

22. I HEREBY CERTIFY, That I attended deceased from February 5 1937 to February 18 1937
I last saw him alive on February 18 1937 Death is said to have occurred on the date stated above, at 12:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lympholitic Sortitis	1936
Syphilis	
Coronary - Vascular Failure	2-17-37

Other contributory causes of importance:
Hepatomegaly -

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis G. Llewelyn M.D.

(Address) St. Agnes Hospital

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

32583

HEALTH DEPARTMENT—CITY OF BALTIMORE 32583

CERTIFICATE OF DEATH

123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1051 Mayette Ave Ward) 17-26

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lizzie H. Stevenson

(a) Residence: No. 1051 Mayette Ave St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rebecca Stevenson

6. DATE OF BIRTH (month, day, year) [illegible] 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salts Paper Co
10. Date deceased last worked at this occupation (month and year) Sept 21
11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Stevenson
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Minnie Reags
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Rebecca Stevenson
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Date Feb 21st 1937

19. UNDERTAKER Chas O Wilson
(Address) 1018 Pennsylvania Ave

FEB 20 1937 Washington Baltimore, Md
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1937 to Feb 18, 1937

I last saw h... alive on Feb 18, 1937 death is said to have occurred on the date stated above, at 11 a.m.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	Feb 1
complicating Pneumonia	
Influenza	

Other contributory causes of importance:
Nephritis chronic

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. Stewart M. D.

(Address) 704 W. Lafayette Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 20 1937

F 32584

32584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto. General Hosp. (Ward) 6-9

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Alice Humphries

If U.S. Veteran specify WAR .....

(a) Residence: No. 1519 W. Ramsay St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Francis Humphries

6. DATE OF BIRTH (month, day, year) June 1, 1880.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Phillip Ganley

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emily Smith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Francis Humphries
(Address) 1519 Ramsay St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Feb. 22, 1937

19. UNDERTAKER Wm. F. Kutzke
(Address) 401 Lemmon Ave.

B 20 1937 Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1937 to Feb. 18, 1937

I last saw her alive on Feb. 18, 1937 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured appendix with generalized peritonitis	
Other contributory causes of importance: Diabetes mellitus	

Was an operation performed? Yes Date of Feb. 14

For what disease or injury? For ruptured appendix and generalized peritonitis.

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. J. Kimbel M. D.

(Address) West Balto. General Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Sarah T. Lehrer ✓ F 32585

M. D. B 1269-9

F 32585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 20-2 Ward)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah T. Lehrer

(a) Residence: No. 11 N. Smallwood St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. P. Lehrer

6. DATE OF BIRTH (month, day, year) Aug. 15, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Cawley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Gaffney

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Chas. P. Leher

(Address) 11 N. Smallwood St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 2/22/37

19. UNDERTAKER Harry H. Nitz & Bird Edmondson Co

(Address)

20. FEB 23 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, state

(Signed) M. D. Coroner

(Address)

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

32586 32586

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 China St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Blanche McCoy

(a) Residence: No. 923 China St., 23 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43 44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Housework

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME William McCoy

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Reed

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Edith Dobson

(Address) 923 China Street

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Feb 21 1937

19. UNDERTAKER James A Stagg

(Address) 142 W Fayette St

[illegible] Huntington Williams, Mgr.

FEB 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/18/37

22. I HEREBY CERTIFY, That I attended deceased from 2/3/37, 19 to 2/18/37, 19 37

I last saw h alive on 2/17/37, 19 37 Death is said to have occurred on the date stated above at 2.25 A M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2/4/37
Other contributory causes of importance: Mitral Regurgitation	11/2/36

Was an operation performed? no Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Jno Bowley M. D.

(Address) 519 N Carrollton Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

32587 32587

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 643 Dover St. 7-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elmer T. Mason

If U.S. Veteran specify WAR

(a) Residence: No. 643 Dover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Thomas G. Mason

14. BIRTHPLACE (city or town) (State or country) Cal Co. Md

MOTHER

15. MAIDEN NAME Edith Murray

16. BIRTHPLACE (city or town) (State or country) Cal. Co. Md

17. INFORMANT Beatrice Square

(Address) 643 Dover St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Feb 22 1937

19. UNDERTAKER James Lastawa

(Address) 1422 Wolfe St

Huntington Williams, Inc

FEB 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17. 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 17. 1936 to Feb 17. 1937

I last saw h[illegible] alive on Feb 17. 1937. Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Sept 1936
Other contributory causes of importance:	

Was an operation performed? — Date of —

For what disease or injury? —

What test confirmed diagnosis? Sputum examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W T Carroll, M. D.

(Address) 109 Wolfe St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 F 32588

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 18-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lee Selby (19485)

If U. S. Veteran specify WAR .....

(a) Residence: No. 124 N. Fremont Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie

6. DATE OF BIRTH (month, day, year) April ?, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Car.

FATHER

13. NAME Austan

14. BIRTHPLACE (city or town) (State or country) N. Car.

MOTHER

15. MAIDEN NAME Quilla Hudson

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Feb 20 37

19. UNDERTAKER Wm. H. Harkey
(Address) 916 Penna Ave

20. FILED FEB 20 1937 Huntington Williams, M.D.

VR 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 15 1937

22. I HEREBY CERTIFY, That I attended deceased from December 14, 1936 to February 15, 1937

I last saw h... ill alive on February 15, 1937 Death is said to have occurred on the date stated above, at 5:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~December~~ Tuberculosis of Lungs	Dec 1935
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leo H. Feldman M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32589

CERTIFICATE OF DEATH

92-a

F 32589

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3206 Abell Ave. St., 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John A. Mc Mahon

(a) Residence: No. 1515 N. Eden St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice R. McMahon

6. DATE OF BIRTH (month, day, year) Sept. 9th 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Recorder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Court House

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Bernard Mc Mahon

14. BIRTHPLACE (city or town) Ireland (State or country)

MOTHER

15. MAIDEN NAME Mary Hagon

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Reah Farley

(Address) 3206 Abell Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Feby 22nd, 37

19. UNDERTAKER George M. Fink & Son

(Address) 811 N. Wolfe St.

20. FILED FEB 23 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 19th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1937 to Feb 19 1937

I last saw him alive on Feb 19 1937 Death is said to have occurred on the date stated above, at 1002 a.m. 10:20 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	Jan 1933

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Course Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. Reynolds M. D.

(Address) 201 W. Pratt St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BALTIMORE CITY: NOT COUNTY

STATE OF MARYLAND—CERTIFICATE OF DEATH

F 32590

32590

1. PLACE OF DEATH: St. Agnes Hospital Baltimore 175 Registration Dist. No. 42

County ... Village or City Baltimore No. ... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

THE MORGUE

2. FULL NAME James Walter Brooker.

(a) Residence: No. 929 Homestead St., Baltimore Ward

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Theresa Brooker

6. DATE OF BIRTH (month, day, and year): March 14th, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	10	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Pipe fitter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Md. Dry Dock

10. Date deceased last worked at this occupation (month and year): Feb. 12, 1937

11. Total time (years) spent in this occupation: 6 Mos.

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: William Albert Brooker

14. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

MOTHER

15. MAIDEN NAME: Mary Lightner

16. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

17. INFORMANT: Carrol E. Mowder

(Address) 931 Homestead St. Balto.

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltocem Date: Feby 16, 1937

19. UNDERTAKER: Wendell & Humphreys

(Address) 501 N. Bradford

FEB 25 1937 1937 Gertrude Keefer

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: February (Month) 13 (Day) 1937 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ... , 19 ... , to ... , 19 ...

I last saw h... alive on ... , 19 ... ; death is said to have occurred on the date stated above, at 5-45 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Fracture - Base of Skull	
Other Contributory Causes of importance: Multiple contusions Lacerations of Tract Fractured face bones	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury Feb. 13, 1937

Where did injury occur? Lansdowne, Md. (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Post Mortem performed by Howard J. Maldier, M.D.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. H. Routzahn Coroner

(Address) Halethorpe, Md.

Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

F 32591

F 32591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Marlborough Apts. 1 B.B.

CITY OF BALTIMORE: (No. Eutaw Place & Wilson St. 7th-1 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Rebecca DeWolff Gens

(a) Residence: No. Marlborough Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Gans

6. DATE OF BIRTH (month, day, year) Oct. 26, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Benjamin DeWolff

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Sarah Benjamin

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. William Gans,
(Address) Marlborough Apts.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Balto. Heb. Cem. Date Feby. 21, 1937

19. UNDERTAKER David Sondheim & Son.
(Address) 1902 Eutaw Place

FEB 20 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1936 to Feb 18, 1937

I last saw her alive on Feb 18th, 1937 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	5 yrs
Myocarditis	1 yr.

Other contributory causes of importance:

Was an operation performed? No Date of /

For what disease or injury?

Name of operation / Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Frederick Leiby, M. D.

(Address) Temple Garden Apts.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

32592 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 32592

CERTIFICATE OF DEATH

95-B

Registered No......
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 St. Johns Road St. 27-13 Ward)

Length of residence in city or town where death occurred 66 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Helen Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. 625 St. Johns Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Peter Smith

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Virginia

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Marion Dodson
(Address) 3400 Elgin Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date Feby. 20, 1937

19. UNDERTAKER John Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED FEB 20 1937 Victor Wilkerson, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1933, 19..., to 2-19, 1937
I last saw her alive on 2-18, 1937 Death is said to have occurred on the date stated above, at 6-00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROTIC HEART DISEASE	1930
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Nature of operation .....

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) John L. Dorsey M. D.

(Address) 1129 St. Paul St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 32593

32593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital (Ward) 2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. 10 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Blake

If U.S. Veteran specify WAR

(a) Residence: No. 1427 Mc Culloh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaretta Blake

6. DATE OF BIRTH (month, day, year) April 5 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) June 1936

11. Total time (years) spent in this occupation 25 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Margaretta Blake

(Address) 1427 Mc Culloh St

18. BURIAL, CREMATION, OR REMOVAL

Place Antrim's Mem. Park Date Feb 22 1937

19. UNDERTAKER Chas. H. Alexander

(Address) 1200 - Monument St

20. FILED 2 1937 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2, 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1, 7, 37 to 2, 17, 37

I last saw him alive on 2, 17, 37 Death is said to have occurred on the date stated above, at 10:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic ulcerative Colitis	1, 8, 32?

Other contributory causes of importance:

None	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James D. Carr M. D.

(Address) 515 Madison St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32594

CERTIFICATE OF DEATH

94-B

F 32594

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 253 N. Payson St. 20-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John F. Burgan Sr.

(a) Residence: No. 253 N. Payson St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth A. Burgan

6. DATE OF BIRTH (month, day, year) Aug 27 - 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant (Coal)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meat packing industry

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Flushing Holland

FATHER

13. NAME Peter Burgan

14. BIRTHPLACE (city or town) (State or country) Flushing Holland

MOTHER

15. MAIDEN NAME Louisa Kuester

16. BIRTHPLACE (city or town) (State or country) Rotterdam Holland

17. INFORMANT John F. Burgan Jr.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 20 1937

19. UNDERTAKER Wm J. Fichman
(Address) N. 2 Pa Ave.

FILED FEB 20 1937 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1937 to Feb 17 1937

I last saw him alive on Feb 17 1937 Death is said to have occurred on the date stated above, at 7:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	?
Coronary thrombosis	
Other contributory causes of importance:	
—	

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) B. Kader M. D.

(Address) 2306 Eutaw Place

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 32595

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hosp (Ward) 15-8

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George B Clarke. (George Bernard Clarke).

If U.S. Veteran specify WAR .....

(a) Residence: No. 2302 Boulyn Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) September 11, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman Mills

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Novelty Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kearneysville W. Va.

FATHER

13. NAME Thomas J. Clarke

14. BIRTHPLACE (city or town) (State or country) Bellfonte Penna.

MOTHER

15. MAIDEN NAME Blanche M. Burnette

16. BIRTHPLACE (city or town) (State or country) Kearneysville W. Va.

17. INFORMANT Mr. John A. Clarke

(Address) 725 Northern Pkwy.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Feb. 22 37

19. UNDERTAKER Wm. J. Pickus & Son

(Address) 1401 Pa Ave

FILED FEB 20 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 18 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/11 1937 to 2/18 1937

I last saw him alive on 2/18 1937 Death is said to have occurred on the date stated above, at 10 10 p.m.

The principal cause of death and related causes of importance were as follows:

Hemorrhagic Measles — Date of onset 2/4/37

Secondary Bronchopneumonia

Other contributory causes of importance:

Was an operation performed? Yes Date of 2/16/37

For what disease or injury? Hernia

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in answers to following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas D Marsh M. D.

(Address) Bon Secours Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32596 F 32596

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U M H Union Memorial Hosp.) St. 25 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. 7 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. William Wallace Payant

If U. S. Veteran specify WAR

(a) Residence: No. 5511 Fernpark Ave St., Ward. Baltimore

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

8a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothy T. Payant

6. DATE OF BIRTH (month, day, year) July 12, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	7	7 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Drug Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME James E. Payant

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME Huldah A. Fredricks

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Mr. James E. Payant

(Address) 5007 Falls Road.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb. 22 19 37

19. UNDERTAKER Wm. J. Tighe & Son

(Address) Baltimore, Md.

20. FILED FEB 20 1937 Registrar of Burington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1937 to Feb 18, 1937

I last saw h.i.w alive on Feb 18, 1937 Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2-4-37

Other contributory causes of importance:

Empyema

Was an operation performed? Yes Date of 2-16-37

For what disease or injury? Empyema

Name of operation Drainage of Empyema (Tidal Method)

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, give particulars

(Signed) Robert Hiver M. D.

(Address) Union Memorial Hospital.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

32597 ✓ F 32597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore General Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 12 hrs. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Smith

If U.S. Veteran specify WAR .....

(a) Residence: No. 325 Little George St., Laurel, Md.

(Usual place of abode) (Town) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 19, 1937

7. AGE	Years	Months	Days	If LESS than 1 day 12 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Anthony C. Smith

14. BIRTHPLACE (city or town) (State or country) Howard County Md.

MOTHER

15. MAIDEN NAME Irene M. Cunningham

16. BIRTHPLACE (city or town) (State or country) Laurel Md

17. INFORMANT (Address) M. Jolla R.N. West Balto. Gen. Hospital

18. BURIAL, CREMATION, OR REMOVAL Place St. Marys Cem. Laurel, Md Date 2/20 1937

19. UNDERTAKER (Address) Anthony C Smith 325 Little George St

20. FILED 2 20 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1937 to Feb. 19, 1937

I last saw him alive on Feb. 19, 1937 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	7½ months
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Milton Levin, M. D.

(Address) W. B. G. H.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32598

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32598

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals 10305 Registered No.

CITY OF BALTIMORE: (No. 8-7 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Neblett

If U. S. Veteran specify WAR

(a) Residence: No. 1754 Lonella Ave St., Ward.
(Usual place of abode) Lansdowne (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Neblett

6. DATE OF BIRTH (month, day, year) Sept 12, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Richmond (State or country) Virginia

FATHER

13. NAME John Neblett

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Libby Jackson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Feb 22 1937

19. UNDERTAKER Robert Williams
(Address) 1515 McElroy St

20. FILED 2-20-1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1935 to Feb 19 1937

I last saw him alive on Feb 19 1937 Death is said to have occurred on the date stated above, at 1 40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	July 1935
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leon H. Goldman. M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 2-20-1937

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32599

CERTIFICATE OF DEATH

92-a

F 32599

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3461 Chestnut Ave. St., 13 Ward 6

Length of residence in city or town where death occurred 57 yrs. — mos. — ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Minnie V. Stulp

If U. S. Veteran specify WAR ____

(a) Residence: No. 3461 Chestnut Ave. St., 13 Ward. ____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): March 21-1875

7. AGE: Years 61 | Months 10 | Days 19 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ____

10. Date deceased last worked at this occupation (month and year): ____

11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Frederick, Md.

FATHER

13. NAME: Frank Stulp

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Annie M. Grove

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs. George A. Redding

(Address) 3461 Chestnut Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: St. Mary's (Hampden) Feb. 22- 1937

19. UNDERTAKER: Florale F. Burger

(Address) 3631 Falls Road

20. FILED FEB 20 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 19-, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1936 to Feb. 19, 1937

I last saw h.e alive on Feb. 18, 1937. Death is said to have occurred on the date stated above, at 11.40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Rheumatic cardiac disease, Mitral insufficiency & Stenosis	2 yrs.
Other contributory causes of importance:	
Cardiac decompensation	

Was an operation performed? — Date of ____

For what disease or injury? ____

Name of operation —

What test confirmed diagnosis? Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ____, 19____

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury —

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) [illegible] M. D.

(Address) 3429 Chestnut Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 32600 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 32600

CERTIFICATE OF DEATH X V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. [illegible] Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 25 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles A Goerke

If U.S. Veteran specify WAR .....

(a) Residence: No. Ellicott City, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb-24, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME August Goerke

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorothy Boore

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs A. Goerke
(Address) Ellicott City Md

18. BURIAL, CREMATION, OR REMOVAL
Place St Johns Date 2-21 1937

19. UNDERTAKER F. C. Higinbotham & Son
(Address) Ellicott City

20. FILED 2-21-1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-19 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-14 1937 to 2-19 1937

I last saw him alive on 2-19 1937 Death is said to have occurred on the date stated above, at 5-00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - bronchio -	
Other contributory causes of importance:	
Tuberculosis	over

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Lemley M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 32601

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1143 N Hamburg St. 21-W Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Smith

(a) Residence: No. 1143 N Hamburg St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rosanna Smith

6. DATE OF BIRTH (month, day, year) Oct 16, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Manchester England

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Blanche Koenig (daughter)
(Address) 1143 N Hamburg St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date February 22 1937

19. UNDERTAKER Ambrose, Inc.
(Address) 1117 W. Cross St.

20. [illegible] Huntington Williams, M.D.

FEB 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-28, 1936 to 2-18, 1937

I last saw him alive on 2-16, 1937. Death is said to have occurred on the date stated above, at 5:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Chronic nephritis	
Other contributory causes of importance:	
Cerebral hemorrhage	
Uremia	

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John W Barnaby, M. D.

(Address) 1531 E North Ave

STATE CAUSES OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

32602

HEALTH DEPARTMENT—CITY OF BALTIMORE

32602

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5610 Govane ave St. 27-8 Ward)

Length of residence in city or town where death occurred 72 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Garnett Dilworth

(a) Residence: No. 5610 Govane ave St, ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ada M. Dilworth

6. DATE OF BIRTH (month, day, year) Sept 1-1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	5	16 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Auto Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Fork, Balto. Co. Md.

FATHER

13. NAME George Dilworth

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME Sarah Ann McClayton

16. BIRTHPLACE (city or town) (State or country): Fork, Balto. Co. Md

17. INFORMANT Ada M. Dilworth

(Address) 5610 Govane ave

18. BURIAL, CREMATION, OR REMOVAL

Place Fork M.E. Cemt. Date Feb. 20 1937

19. UNDERTAKER George W. Zickler

(Address) 1232 E Lager St

20. FILED 19 ..... Registrar

FEB 20 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17 1937

22. I HEREBY CERTIFY, That I attended deceased from February 16 1937 to February 17 1937

I last saw him alive on Feb. 17 1937. Death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2/16/37
Other contributory causes of importance: Arteriosclerosis generalized	Years
Arteriosclerotic heart disease	"

Was an operation performed? X Date of X

For what disease or injury? X

What test confirmed diagnosis? X Was there an autopsy? X

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry M. Hansen M. D.

(Address) 5302 York Road

F 32603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

F 32603

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4016 Southern Ave. 37-L Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Lloyd Bucknald

If U. S. Veteran specify WAR

(a) Residence: No. 4016 Southern Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-9-1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Edward F. Bucknald

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Katherine Steckel

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Ed. F. Bucknald

(Address) 4016 Southern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date 2/22 1937

19. UNDERTAKER Leonard Keyser

(Address) 305 W. Lafayette Ave

FEB 20 1937 Registrar.

VS 5

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/19 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1937 to February 19 1937

I last saw him alive on February 19 1937. Death is said to have occurred on the date stated above, at 10 2 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb 9

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical & findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Burns Hammond M. D.

(Address) 100 E. 20th St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 32604

32604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 20-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ashley Barrett, Jr.

(a) Residence: No. 234 Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 3, 1921

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Ashley Barrett

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mildred Schmidt

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Ashley Barrett

(Address) 234 Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date FEB 20 1937

Commissioner of Health

19. UNDERTAKER

(Address)

FEB 20 1937

Dr. H. A. Moore

Huntington Williams, MD

3087

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1937 to Feb 5, 1937

I last saw h[illegible] alive on Feb 5, 1937. Death is said to have occurred on the date stated above, at 10:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post mediastinal infection ? Septicaemia ?	Feb 1937 Feb 1937

Other contributory causes of importance:

Congenital Heart Lesion

Name of operation ..... Date of ..... 19..

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Joseph L. Evans M. D.

(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32605

32605 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

11a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 Windsor Ave St. 5-7 Ward)

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Annie J Parks

If U.S. Veteran specify WAR ....

(a) Residence: No. 310 Windsor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of John W. Parks

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William McKeon

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Mannion

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Nancy Parks
(Address) 310 Winchester Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 2/22/37

19. UNDERTAKER J J Gahey & Sons
(Address) 318 Light St

20. FILED FEB 20 1937 Huntington Williams M.D. H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/19 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 14/18 19 ... to Feb 19th 1937

I last saw her alive on Feb 19th 1937. Death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza and Bronchial Pneumonia	

Other contributory causes of importance:

Senility	

Was an operation performed? no Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. M. Byerly M. D.

(Address) 6045 Wrotham

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32606

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32606

CERTIFICATE OF DEATH

46D V

Registered No.

1. PLACE OF DEATH 2400 Ashland ave 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St.,

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? 42 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Florian John Svitak

(a) Residence: No. 2400 Ashland ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Svitak

6. DATE OF BIRTH (month, day, year) May 4 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Casting Shop.

10. Date deceased last worked at this occupation (month and year) July 1936. 11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Kamora Bohemia

FATHER

13. NAME Adolph Svitak

14. BIRTHPLACE (city or town) (State or country) Kamora Bohemia

MOTHER

15. MAIDEN NAME Anna Kaucky

16. BIRTHPLACE (city or town) (State or country) Kamora Bohemia

17. INFORMANT Mrs. Anna Svitak (Address) 2400 Ashland ave

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Feb 22 1937

19. UNDERTAKER Harry Broadbent (Address) 1400 Eastern ave

Filed 19 Register

FEB 20 1937 H. Taylor Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20 1937

22. I HEREBY CERTIFY, That I attended deceased from August 1936 to Feb 20 1937

I last saw h[illegible] alive on Feb 20 1937 Death is said to have occurred on the date stated above, at 9:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	
Generalized metastasis	
Other contributory causes of importance:	
Generalized Metastasis	

Was an operation performed? Yes Date of Feb X 10 36

For what disease or injury? Carcinoma of Rectum

Name of operation Colostomy

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No.

Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Kayler Morrison M. D.

(Address) 112 W. Monument St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

32607 F 32607

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. Registered No. ____

CITY OF BALTIMORE: (No. ____ St. ____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. 2 mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME John W. Emory If U. S. Veteran specify WAR ——

(a) Residence: No. Hampton Ave., Princess Anne, Md. Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Webster Emory

6. DATE OF BIRTH (month, day, year) November 1, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	45	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fisherman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman 0086

10. Date deceased last worked at this occupation (month and year) 6-10-36

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Somerset Co. Md.

FATHER

13. NAME Dave Empry

14. BIRTHPLACE (city or town) (State or country) Somerset Co. Md.

MOTHER

15. MAIDEN NAME Betty Bozman

16. BIRTHPLACE (city or town) (State or country) Somerset Co. Md.

17. INFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Princess Anne Md. Date Feb. 20, 1937

19. UNDERTAKER George L. Lehmyt.

(Address) 218 E. Baltimore St.

B 20 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 10, 1936 to February 20, 1937

I last saw him alive on February 20, 1937. Death is said to have occurred on the date stated above, at 12:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Duodenal ulcer (bleeding)	June '36
Other contributory causes of importance:	
Anemia, secondary	2-17-37

Was an operation performed? no Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? P. M. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?

____ If so, specify ____

(Signed) L. L. Bryant M. D.

(Address) U.S. Marine Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32608

32608 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32608

CERTIFICATE OF DEATH

X V 125-a

1. PLACE OF DEATH Union. Memorial Hosp. 1246

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Ellen Fogwell

If U. S. Veteran specify WAR .....

(a) Residence: No. ..... St., ... Ward. Kennedyville Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): S

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan 5 1937

7. AGE: Years | Months: 1 | Days: 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Kennedyville Md

FATHER

13. NAME: John H. Fogwell

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Etta Cannon

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Kennedyville Md. Date 2/20/37

19. UNDERTAKER: B R Fellows

(Address) Rock Pond Md.

20. FILED: Huntington Williams, M.D.

FEB 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1937 to Feb 20, 1937

I last saw h.e.r. alive on Feb 20, 1937 Death is said to have occurred on the date stated above, at 4:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diffuse adenocarcinoma of liver	Jan 15, 1937

Other contributory causes of importance:

Was an operation performed? Yes Date of Feb 18, 1937

For what disease or injury? Partial obstruction & ascites

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? ~ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury ..... 19.....

Where did injury occur? ~

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ~

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Leslie Fleming M. D.

(Address) Union Memorial Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

F 32609 F 32609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton ave St. 25-1 Ward)

Registered No. 126

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Alice M Wilson

(a) Residence: No. Millersville Md St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, year) June 19-1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Richard Lambert

14. BIRTHPLACE (city or town) (State or country) A.A. Co. Md

MOTHER

15. MAIDEN NAME Mary Jane Tucker

16. BIRTHPLACE (city or town) (State or country) A A Co. Md

17. INFORMANT Mrs. R. M. Wilson

(Address) Millersville Md

18. BURIAL, CREMATION, OR REMOVAL Millersville Md Date Feb 22 1937

19. UNDERTAKER C B Williams

(Address) Waterbury Md

20. FILED FEB 20 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-20-1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1937 to Feb 20 1937

I last saw her alive on Feb 20 1937. Death is said to have occurred on the date stated above, at 5 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrenous Cholecystitis with Cholelithiasis	1932
Other contributory causes of importance: Coronary Thrombosis	2/20/37

Was an operation performed? Yes Date of 2/19/37

For what disease or injury? Gangrenous Cholecystitis + Cholelithiasis

What test confirmed diagnosis? U.S. Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C M Williamson M. D.

(Address) St. Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 32610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 32610

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital 7-5 St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 21 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William H. Blankenship

If U. S. Veteran specify WAR .....

(a) Residence: No. ~~Kenmont, Md~~ St., ... Ward. Pilgrim, Ky

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ella Chaney

6. DATE OF BIRTH (month, day, year) Aug. 6, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Wm H. Blankenship

14. BIRTHPLACE (city or town) (State or country) W. Va

MOTHER

15. MAIDEN NAME Betsy Alley

16. BIRTHPLACE (city or town) (State or country) Ky

17. INFORMANT Mrs. Ella C. Blankenship

(Address) Pilgrim, Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place Kenmont, Md. Date Feb 20 37

19. UNDERTAKER John C. Mitchell & Sons

(Address) 1405 Eutaw Place

20. FILED Feb 21 19 37 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find, that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schenten, M. D.

Coroner

(Address) 1912 E. Chase

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 21 1937

32611

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32611

CERTIFICATE OF DEATH

72-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Elizabeth Russ.

If U. S. Veteran specify WAR

(a) Residence: No. Easton, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Lyman Russ

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Harry Whiley

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Satterfield

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Lyman Russ

(Address) Easton Md

18. BURIAL, CREMATION, OR REMOVAL

Place Spring Hill Cemetery Easton Md Date Feb 23. 1937

19. UNDERTAKER James A Spence

(Address) Easton, Md

20. FILED 19 Registrar

FEB 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/19/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 1/31/37, 19, to 2/19/37, 19

I last saw her alive on 2/19/37 19. Death is said to have occurred on the date stated above, at 10 52 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphatic Leukemia	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Josiah A. Hunt M. D.

(Address) Md Gen Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 32612

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32612

CERTIFICATE OF DEATH

162

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 W. Ostend St. 23-1 Ward)

Length of residence in city or town where death occurred 26 yrs. — mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Araualtan Buckmaster

(a) Residence: No. 115 W. Ostend St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: A. Lafayette Buckmaster

6. DATE OF BIRTH (month, day, year): March 10, 1846

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	90	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Calvert Co Md

FATHER

13. NAME: Albert A. Thomas

14. BIRTHPLACE (city or town) (State or country): A. A. Co

MOTHER

15. MAIDEN NAME: Mary H. Waters

16. BIRTHPLACE (city or town) (State or country): Calvert Co

17. INFORMANT: Mrs. Wood
(Address) 115 W. Ostend St

18. BURIAL, CREMATION, OR REMOVAL
Place: Waters Memorial Calvert Co Date: Feb 23, 1937

19. UNDERTAKER: J. Howard Evans
(Address) 1400 E. Baltimore St

FEB 24 1937 ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/20th, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1 — 1937 to July 20th 1937

That I saw h..... alive on 2/20 — 1937. Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

Senescence 8 days — Date of onset: X

Other contributory causes of importance: Asthenia

Name of operation: X Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury X ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: X X

Manner of injury: X X

Nature of injury: X X

24. Was disease or injury in any way related to occupation of deceased? X If so, specify: X

(Signed) A. Lafayette Buckmaster, M. D.

(Address) 1340 St. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 32613

32613 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore General Hosp. 127-a

CITY OF BALTIMORE: (No. 1213 Light St. ~~St.~~ 96-B ~~Ward~~)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 92 yrs. 3 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR ...

2. FULL NAME George S. Brown

(a) Residence: No. 4403 Wentworth Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) ~~WIFE~~ of George Sockard Brown

6. DATE OF BIRTH (month, day, year) Nov 14-1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Coal Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1920 17 years ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Sockard Brown

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Frances Ann Barton

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Miss Frances Ann Brown
(Address) 4403 Wentworth Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 2/22/37

19. UNDERTAKER Charles S. Black
(Address) 742 N. Monte Ave

20. FILED ... 19... [illegible]

FEB 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1937 to Feb. 20, 1937

I last saw him alive on Feb. 20, 1937 Death is said to have occurred on the date stated above, at 7 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (terminal)	

Other contributory causes of importance:

Was an operation performed? yes Date of 2-18-37

For what disease or injury? Strangulated inguinal hernia

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) James S. Webb M. D.
(Address) 1213 Light St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 32614

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32614

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify War No Record

2. FULL NAME Lula Vogeline

(a) Residence: No. 1818 Penrose Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Vogeline

6. DATE OF BIRTH (month, day, year) July 29 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Washington, DC

FATHER

13. NAME George J. Philipp

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Moody

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Arthur L. Philipp (Address) 1818 S. 2. Washington DC

18. BURIAL, CREMATION, OR REMOVAL Place Washington DC. Date 2/22/37

19. UNDERTAKER William Cook (Address) 1217 St Paul St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, Autopsy or Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture right femur	8/8/35

Other contributory causes of importance:

hypostatic pneumonia

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 8/8/ 1935

Where did injury occur? Balto Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place? at home

Manner of injury Slipped & fell on floor

Nature of injury Fracture Rt femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. W. Wright Coroner, M. D.

(Address) 1110 S. Ellwood Ave

Feb 21 1937 Huntington Williams Registrar

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 1 v 86

F 32615

HEALTH DEPARTMENT—CITY OF BALTIMORE

#20891

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals Life ... St. 5-1 ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Biggs or Biwas, William F. ... If U. S. Veteran specify WAR No Record

(a) Residence: No. Salvation Army--109 Aisquith St. ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) 9/9/1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	52	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Canvasser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S.A. 0086

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME John F. Biggs

14. BIRTHPLACE (city or town) Balto (State or country) Md.

MOTHER

15. MAIDEN NAME Susie Harris

16. BIRTHPLACE (city or town) Balto (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date FEB 22nd 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED FEB 24 1937 Wilmington, N.C.

FEB 24 1937

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 2-20 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-6 1937 to 2-20 1937

I last saw him alive on 2-20 1937 Death is said to have occurred on the date stated above, at 5:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	Dec 1936
Other contributory causes of importance: Chronic Pellagra	1926

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramey M.D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32616

32616 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 124-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ~~St.~~ Lft - 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Rose Jones

If U. S. Vet. specify WAR No Record

(a) Residence: No. 1215 Linden Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married,~~ Widowed, ~~or Divorced~~ (write the word): Widowed

5a. If ~~married,~~ widowed, ~~or divorced~~ HUSBAND of (or) WIFE of: Harry Jones

6. DATE OF BIRTH (month, day, year): July 19th 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: William Countess

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Elizabeth Poole

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Edith Walters

(Address): 1215 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: Feb 22nd 1937

19. UNDERTAKER: Wm Cook

(Address): 1217 St Paul St

20. FILED: Feb 24 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1937 to Feb 19, 1937

I last saw h. alive on Feb 19, 1937 Death is said to have occurred on the date stated above, at 10 40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (type undetermined)	1 wk
Other contributory causes of importance: Cirrhosis of liver (Chron)	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? ~~Yes~~ No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

No If so, specify .....

(Signed) Irwin Sauby M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

B 1 1937

F 32617

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32617

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1344 Lafayette Av. St. 16-W Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mabel Connie Holmes
If U. S. Veteran specify WAR

(a) Residence: No. 1344 Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick H. Holmes

6. DATE OF BIRTH (month, day, year) Oct 28 - 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Northumberland Co. Va

FATHER

13. NAME David Price

14. BIRTHPLACE (city or town) (State or country) Northumberland Co. Va

MOTHER

15. MAIDEN NAME Ellice Daniel

16. BIRTHPLACE (city or town) (State or country) Northumberland Co. Va

17. INFORMANT Frederick H. Holmes
(Address) 1344 Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Sudsville Va. Date 2/20/37

19. UNDERTAKER Thomas E. Kelson
(Address) 1363 Presstman St.

FILED FEB 21 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/16/37

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16 1937 to Feb. 17 1937

I last saw her alive on Feb. 17 1937 Death is said to have occurred on the date stated above, at 11 05 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1934

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas E. Bell M. D.

(Address) 1339 Division St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 32618

F 32618 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 26-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter E. Hughes

If U. S. Veteran specify WAR .....

(a) Residence: No. 6528 Riverside Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth A.

6. DATE OF BIRTH (month, day, year) abt 1879

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. night watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 10 ?

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME Elisha

14. BIRTHPLACE (city or town) Balto (State or country) Md.

MOTHER

15. MAIDEN NAME Holman

16. BIRTHPLACE (city or town) Balto (State or country) Md.

17. INFORMANT Walter E. Hughes Jr.

(Address) 6528 Riverside Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Crem Cem Date 2/21/1937

19. UNDERTAKER John Ulshafer

(Address) 2915 Lillian St

20. FILED FEB 21 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary embolism	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. M. Wright M. D.

Coroner

(Address) 1010 E. Fayette St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

32619

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32619

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH South Baltimore General Hosp. - W

CITY OF BALTIMORE: (No. ~~602 S Ellwood Ave~~ St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs William Simms

If U.S. Veteran specify WAR

(a) Residence: No. 602 S Ellwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Simms

6. DATE OF BIRTH (month, day, year) Apr 19 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Landscape Gardner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Parks

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation Life time

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Wm Thomas Simms

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Elizabeth Sinclair

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Elzia Simms (Address) 2131 N Ellwood

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date 2/23/1937

19. UNDERTAKER John Ulrich (Address) 2108 Eutaw

20. FILED FEB 21 1937 Harrington Wilson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/20, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/18, 1937 to 2/20, 1937

I last saw h[illegible] alive on 2/20, 1937 Death is said to have occurred on the date stated above, at 2:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction caused or strangulated obturator hernia	?

Other contributory causes of importance:

Was an operation performed? Yes Date of 2/19/37

For what disease or injury? Strangulated Obturator Hernia

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis J. Krall M. D.

(Address) South Baltimore General Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 32620

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32620

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1697 Darley Ave St. 8-5 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry E F. Kahler

If U.S. Veteran specify WAR ....

(a) Residence: No. 1697 Darley ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Carrie Kahler

6. DATE OF BIRTH (month, day, year) Nov 2 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept store

10. Date deceased last worked at this occupation (month, day, year) June 20

11. Total time (years) spent in this occupation 23 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Kahler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Fulda

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Carrie Kahler
(Address) 1697 Darley ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date 2/23/1937

19. UNDERTAKER John Ulrich
(Address) 2002 Orleans

20. FILED 2 24 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/20/1937

22. I HEREBY CERTIFY, That I attended deceased from July 36 to Feb 20 1937.

I last saw him alive on Feb. 20 1937. Death is said to have occurred on the date stated above, at 12:00 m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset Dec 15

Cardiac Insufficiency

Other contributory causes of importance:

Cystitis

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Samuel Logan, M. D.

(Address) 1761 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 32621

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32621

82-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 1-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Francis A. Cooper If U. S. Veteran specify WAR .....

(a) Residence: No. 137 S. Linwood Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	W hite	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha E. Cooper

6. DATE OF BIRTH (month, day, year) May 16. 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0042

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Retired

12. BIRTHPLACE (city or town) (State or country) Butts. Md

FATHER

13. NAME John Cooper

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Linard

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Betty Cooper

(Address) 137 S Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Co Date 2/22 19 37

19. UNDERTAKER Chas Ulrich

(Address) 2108 Pulaski St

20. FILED FEB 22 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/18 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. B. Wallace Coroner M. D.

(Address) 1031 St. Paul St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 22 1937

F 32622 F 32622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St. 28-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 7 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Estelle a Durall Green

If U.S. Veteran specify WAR .....

(a) Residence: No. Mount Hope Retreat St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 17-1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Wm Beale Durall

14. BIRTHPLACE (city or town) (State or country) Prince Geo. Co. Maryland

MOTHER

15. MAIDEN NAME Araminta Fendall

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Eugene V. Hoffmeyer

(Address) 1170 E. Monument Pkwy

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Feb 22 1937

19. UNDERTAKER Henry H. Jenkins Son Co

(Address) McCulloh & Orleans Sts

FILED Feb 22 1937 Registrar

B 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1936 to Feb. 20, 1937

I last saw h[illegible] alive on Feb. 20, 1937. Death is said to have occurred on the date stated above, at 12 01 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Psychosis with Arteriosclerosis. Masked Myocardial Injury with Masked Enlargement of Heart	? ?
Other contributory causes of importance: Acute Myocardial Decompensation	1 dy.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Findings Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Dr. Hugh P. Magee

(Address) 33 E. Fairmount Ave Balto Md.

State CAUSE OF DEATH in plain terms, so that it may be properly OCCUPATION is very important. See instructions on back of certificate.

F 32623

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32623

CERTIFICATE OF DEATH

117-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secour St., 18-3 Ward)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Martin Turk Schroder

(a) Residence: No. 113 St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Bailey

6. DATE OF BIRTH (month, day, year) Sept 25 1884

7. AGE	Years	Months	Days	LESS than 1 day... hrs. or ... min.
	52	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Poultry Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10 Yrs

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Martin Turk

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ida ? Russia

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Nathan Turk

(Address) 113 Schroder St

18. BURIAL, CREMATION OR REMOVAL Hebrew Mt Carmel Date Feb 21, 1937

19. UNDERTAKER Sol Berman Bro

(Address) 127 E Baltimore St

20. FILED Feb 21 1937 [illegible] Registrar

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held a (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Hemorrhage	2-15-37
Other contributory causes of importance: Peptic ulcer	1936

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos H Phillips M. D. Coroner

(Address) 1939 Edmondson Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32624 # 21065 F 32624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 15-12 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Solomon Holtz

(a) Residence: No. 3703 Reisterstown Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel Ross (Deceased)

6. DATE OF BIRTH (month, day, year) 9-?-186[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0080

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Europe

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Balto Hebrew Cemetery Date Feb 21 1937

19. UNDERTAKER Lee Forman Bur
(Address) 1122 E Baltimore St

20. FILED ..... 19..... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1937, to Feb. 20, 1937

I last saw him alive on Feb. 20, 1937. Death is said to have occurred on the date stated above, at 5.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2-12-37

Other contributory causes of importance

Carcinoma of liver Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical & pathological Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Wade Santelle M. D.

(Address) Baltimore City Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Va 2

B 32625

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 32625

CERTIFICATE OF DEATH

95-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 8-4 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bertha Press

If U. S. Veteran specify WAR

(a) Residence: No. 2308 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1916

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
21			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cashier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jacob Press

14. BIRTHPLACE (city or town) (State or country) Russia.

MOTHER

15. MAIDEN NAME Gertrude Hillkowitz

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jacob Press
(Address) 2308 E Chase

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship Cem Date Feb 21 1937

19. UNDERTAKER Sol Levinson Bro.
(Address) 1127 E Balto St

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1937 to Feb 19 1937

I last saw h... alive on Feb 19 1937 Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Ht. Disease	?
Bact. Endocarditis	5 mo
Cerebral embolism	2 days

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Necropsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Irwin Saxby M. D.
(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

32626 E 32626

32626 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1407 Riverside ave. St., 24-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary McGovern

(a) Residence: No. 1407 Riverside St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Thomas McGovern

6. DATE OF BIRTH (month, day, year) Sept. 22 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Thomas McHale

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Flynn

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Mary Fergus
(Address) 1407 Riverside ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem., Date Feb. 23 1937

19. UNDERTAKER Margaret J. Flynn
(Address) 2107 Hilltop st

20. FILED FEB 21 1937 Huntington White, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1937 to February 20, 1937

I last saw h alive on Feb 20 1937 Death is said to have occurred on the date stated above, at 11:30 A. m.

The principal cause of death and related causes of importance were as follows:

Myocardial degeneration — Date of onset

Other contributory causes of importance:
Cerebral apoplexy (about 3 yrs ago).

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Schwenk M. D.

(Address) 1337 S. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32627

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32627

CERTIFICATE OF DEATH

52-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2926 Clifton Ave 15-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Genevieve Sheeler

If U. S. Veteran specify WAR .....

(a) Residence: No. 2926 Clifton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Sheeler

6. DATE OF BIRTH (month, day, year) Nov. 23rd., 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	2	25 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ijamsville, Md.

FATHER

13. NAME Emmanuel Gallagher

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Sarah Jane Mullen

16. BIRTHPLACE (city or town) (State or country) Frederick, Md.

17. INFORMANT Miss Elizabeth Gallagher

(Address) 2926 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Govans Date 2/22/ 19 37

19. UNDERTAKER Margaret A. Flynn

(Address) 2077 N. Milton Ave.

20. FILED 19 E. P. Williams, M.D.

FEB 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19, 1937 . 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1937 19 . to Feb 19, 1937 . 19

I last saw her alive on Feb. 19, 1937 Death is said to have occurred on the date stated above, at 10.18 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. R. Claiborne M. D.

(Address) 2705 Wilmot

OCCUPATION is very important. See instructions on back of certificate.

V S 3

Lazarof or Lesserau

32628 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 32628

CERTIFICATE OF DEATH

1. PLACE OF DEATH City Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 5-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME White Lesserau

(a) Residence: No. 1436 Fait St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0043
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER

13. NAME Lesserau
14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Lesserau
16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Lena Lesserau
(Address) 1436 Fait St

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rwesdale Date 2-24- 1937

19. UNDERTAKER Jack Levy Inc
(Address) 1729 E. Baltimore St

20. FILED FEB 24 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-19-37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest therein and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquest, and that said deceased came
(Inquest, Autopsy or Inquiry)
to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2-19-37
Where did injury occur? Park & Linden Ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street
Manner of injury Struck by Auto - While crossing street
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... M. D.
Coroner
(Address) ...

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Fill in OCCUPATION if very important. See instructions on back of certificate.

V S 6

M. D. F. 1268-9

F 32629

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32629

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH Hebrew Home for the Aged + Infirm

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Belvedere + Greenspring St., 27 + 7 Ward)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth 34 yrs. mos. ds.

2. FULL NAME Harry Mitnick

(a) Residence: No. Hebrew Home for the Aged + Infirm St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Russia
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Sigmund Feinblatt

(Address) Belvedere + Greenspring

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Progress Date 2-21- 1937

19. UNDERTAKER Jack Lewis Inc

(Address) 1439 E. Balto. St.,

FEB 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1935 to February 20, 1937

I last saw h... in alive on February 20, 1937 Death is said to have occurred on the date stated above, at 4.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-18-37
Hypertension.	
Arteriosclerosis.	
Hemiplegia, right	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edmund Levin, M. D.

(Address) Lawndale

OCCUPATION is very important. See instructions on back of certificate.

32630 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 32630

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3529 Hayward Ave, St., 7-18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sadie Elizabeth Sanders

If U.S. Veteran specify WAR No Record

(a) Residence: No. 3529 Hayward Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Robert F. Sanders

6. DATE OF BIRTH (month, day, year) June 4th 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jacob Phillip Crowley

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME McKeown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT R. F. Sanders

(Address) 3529 Hayward Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Feb 22nd 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED FEB 21 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19th 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 19 1937 to Feb 19 1937

I last saw her alive on Feb 19 1937. Death is said to have occurred on the date stated above, at 10:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Heart Failure (Uncertain Classification)	abt
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? na Date of injury ..... 19 .....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Charles J. Meeks M. D.

(Address) 5216 Park Heights Ave

OCCUPATION is very important. See instructions on back of certificate.

F 32631

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32631

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (Edgewood Park 6000 Bellona St., 27-12 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma K Lee
If U.S Veteran specify WAR

(a) Residence: No. 6000 Bellona Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced (or) WIFE of James M Lee
6. DATE OF BIRTH (month, day, year): Dec 28-1861
7. AGE: Years 75 | Months 1 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: Henry Keenan
14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER
15. MAIDEN NAME: Mary Moran
16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Herbert L. Lee
(Address): 6700 York Road

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Date: 2/22/37

19. UNDERTAKER: Wesley Cook
(Address): 1217 St Paul Street

20. FILED 2 1937, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from May, 1936, to Feb 20, 1937
I last saw h[illegible] alive on Feb 19 1937 Death is said to have occurred on the date stated above, at 6 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	?
" Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? no Date of —
For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did Injury occur?
(Specify city or town, county, and State)
Specify whether Injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Jefferis Busk M. D.
(Address) 3 Chesterfield Road

OCCUPATION is very important. See instructions on back of certificate.

21071

HEALTH DEPARTMENT—CITY OF BALTIMORE

32632 32632

CERTIFICATE OF DEATH

Registered No. 54

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Habis

(a) Residence: No. 1519 Jefferson St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-25-1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Frederick Habis

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Becker

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem. Date Feb. 22 1937

19. UNDERTAKER Hughes & Jones Inc.

(Address) 424 N. Broadway

20. FILED Feb 24 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19. 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1937, to Feb 19, 1937

I last saw her alive on Feb 19, 1937. Death is said to have occurred on the date stated above, at 11:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis	Unknown

Other contributory causes of importance:

Diabetes mellitus	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Sautelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 32633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 32633

1. PLACE OF DEATH West Balto. Gen. Hospital 175 Registered No. 1536
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward F. Dunkerly

(a) Residence: No. 1707 Dukeland St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Dunkerly

6. DATE OF BIRTH (month, day, year) Dec 14 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bartlett Hayward

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Louis Dunkerly

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Lena Hellman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mary E. Dunkerly 1707 Dukeland St.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date 2/22 1937

19. UNDERTAKER Wm. Cook
(Address) 1219 E. Fayette St.

20. FILED 2/21 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Nature of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2/20 1937

Where did injury occur? 1701 Dukeland St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place on street

Manner of injury Struck with rock

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Ram Cramer, M. D. Coroner

(Address) 215 E. Lanvale St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

Rev 56

F 32634

32634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital (Street) (Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Frederick Wenchel

If U. S. Veteran specify WAR .....

(a) Residence: No. 3601 Edgewood Rd. (Street) Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Martha Hertel

6. DATE OF BIRTH (month, day, year) May 12, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst. Mngr. Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Customers, Cont.

10. Date deceased last worked at this occupation (month and year) Gas

11. Total time (years) spent in this occupation Co

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John F. Wenchel

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Louise Reisinger

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Martha H. Wenchel

(Address) 3601 Edgewood Road

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date 2/22/37 19

19. UNDERTAKER H. W. Mears & Son

(Address) 305 N. Calvert St.

20. FILED 2-27-1937 Huntington [illegible] Williams [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1937 to Feb. 20, 1937

I last saw h[illegible] alive on Feb. 20, 1937 Death is said to have occurred on the date stated above, at 2 30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Sepsis	2/18/37
Other contributory causes of importance:	
Furuncle of nose	2/11/37

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Blood Studies Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Philip L. Mandelin M. D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 32635 1936 62

F 32635 HEALTH DEPARTMENT—CITY OF BALTIMORE

1869

CERTIFICATE OF DEATH X √ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2601 E. Madison St. 13-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. 3 mos. 4 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Lizzie Loraine Euson

If U. S. Veteran specify WAR .....

(a) Residence: No. 2601 E. Madison St., ... Ward. Black Rock Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Shadrack F. Euson

6. DATE OF BIRTH (month, day, year) May 22, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	8	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford County Maryland

FATHER

13. NAME William McConnell

14. BIRTHPLACE (city or town) (State or country) Harford Co. Maryland

MOTHER

15. MAIDEN NAME Mary McMorris

16. BIRTHPLACE (city or town) (State or country) Harford County Maryland

17. INFORMANT S. F. Euson
(Address) 2601 E. Madison St.

18. BURIAL, CREMATION, OR REMOVAL
Place Black Rock, Md. Date Feb. 23, 1937

19. UNDERTAKER Wm. C. Frances & Son
(Address) Towson, Md.

20. FILED 2-23-1937 Huntington Register.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 18, 1937 to February 21, 1937

I last saw her alive on February 20, 1937 Death is said to have occurred on the date stated above, at 4:23 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1920
Hypertension	1927
Auricular fibrillation	
Right Hemiplegia	2-18-37

Other contributory causes of importance:
Chronic Nephritis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. L. Fleming, M. D.

(Address) 3021 Belair Road

OCCUPATION is very important. See instructions on back of certificate.

F 32636

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32636

CERTIFICATE OF DEATH

✓108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 11-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Jackson

(a) Residence: No. 166 Dolphin St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Eugene

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Black

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Sophie Wright

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Alice Black

(Address) 575 Oxford St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Feb 23 19 37

19. UNDERTAKER Jas. George R. Holland

(Address) 163 Druid Hill Ave

20. FILED 19 Registrar

FEB 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 17 1937 to Feb 19 1937

I last saw her alive on Feb 19 1937. Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1 wk
Other contributory causes of importance:	
Hypertension	?

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Ly Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Frank R Stephenson M. D.

(Address) St Joseph's Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

F 32637

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32637

CERTIFICATE OF DEATH

✓ 48

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 511 Robert St. St., 14-3 Ward)

(If death occurred a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Matthews

(a) RESIDENCE NO. 511 Robert St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. d

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George

6 DATE OF BIRTH (month, day, and year) Feb. 22 1891

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	45	11	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Thomas Lewis

11 BIRTHPLACE OF FATHER (City or town) Balto. Md.

(State or country)

12 MAIDEN NAME OF MOTHER Georgianna Ball

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.

(State or country)

14 Informant Eleanor Lewis

(Address) 511 Robert St

15 Filed ..... 19..... by ..... Registrar

FEB 21 1937

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

February 16, 1937

17 I HEREBY CERTIFY, That I attended deceased from Sept 12, 1936, to Feb 16, 1937

that I last saw her alive on Feb 14, 1937

and that death occurred, on the date stated above, at 8 30 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) ? yrs. 4 mos. d

CONTRIBUTORY (Secondary) Nephritis + Exhaustion

Exhaustion (duration) yrs. mos. 4 d

18 Where was disease contracted

if not at place of death? —

Did an operation precede death? Date of Yes

Was there an autopsy? Yes

What test confirmed diagnosis? Microscopic

(Signed) H. P. Hughes M.

3/10, 1937 (Address) 825 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — Date of Burial Feb 21

20 UNDERTAKER Jos. George & Collard — ADDRESS 1628 Druid

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Campbell

F 32638 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32638

CERTIFICATE OF DEATH

V 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 634 Hooker St., 14-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Andrew Campbell. If U. S. Veteran specify WAR Wald War

(a) Residence: No. 634 Hooker St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) [redacted] Bessie Campbell

6. DATE OF BIRTH (month, day, year) April 9, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6076

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Reisterstown Md.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Harriett Hughes

16. BIRTHPLACE (city or town) (State or country) Reisterstown Md U.S.

17. INFORMANT Bessie Campbell (Address) 634 Hooker St

18. BURIAL, CREMATION, OR REMOVAL Place National Date Feb 23 1937

19. UNDERTAKER Mrs. George R. Holland (Address) 63[illegible] Druid Hill Ave

20. FILED FEB 24 1937, 19 Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-19, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-18-, 1937, to 2-19-, 1937

I last saw h[illegible] alive on 2-19-, 1937 Death is said to have occurred on the date stated above, at 3 50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	2-(19)
acute urinary retention	2-18-37
in bladder.	
Other contributory causes of importance:	
arteriolar nephritis	7-1-36
arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo R. Reed Stone M. D.

(Address) 416 Wilson St

STATE CAUSES OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

32639

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32639

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 220 S Sleigh St. 3-2 Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. 3a. How long in U. S. If of foreign birth? 45 yrs. ..... mos. ..... ds.

2. FULL NAME Rose Ponte

If U.S. Veteran specify WAR .....

(a) Residence: No. 220 S Sleigh St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Angelo

6. DATE OF BIRTH (month, day, year) March 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Joseph Ponte

(Address) 220 S Sleigh St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Feb 22 1937

19. UNDERTAKER Mark W. E. Pippel

(Address) 37 S. Arlington Ave

[illegible] Arlington Williams, Md.

FEB 21 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19.36 to Feb 19 1937

I last saw her alive on Feb 18 1937. Death is said to have occurred on the date stated above, at 5 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance: Bronchopneumonia	Feb. 1937

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Albert Scaquetti M. D.

(Address) 1729 W. Lombard St

state CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

F 32640

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32640

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyderhaus Hospital St., 9-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Waltera

If U. S. Veteran specify WAR .....

(a) Residence: No. Old Battle Grove, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 17, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles Waltera

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Augusta Wilkerson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Augusta Waltera Mother

(Address) Old Battle Grove Md

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 2/22/37

19. UNDERTAKER Fitzpatrick & Bartlett

(Address) 1219 E Fayette

20. FILED FEB 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1937 to Feb. 20, 1937

I last saw her alive on Feb. 20, 1937 Death is said to have occurred on the date stated above, at 2:10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Immediate Diphtheria	2/15/37
Due to (b) Laryngeal Diphtheria	2/17/37
Due to (c) Laryngeal Diphtheria	2/18/37

Other contributory causes of importance:

Was an operation performed? Yes Date of 2/21/37

For what disease or injury?

Name of operation Tracheotomy Date of 2/24/37

What test confirmed diagnosis? Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Sidney Salmon M. D.

(Address) Lyderhaus Hospital

OCCUPATION is very important. See instructions on back of certificate.

32641 F 32641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 163

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Southern Hotel St., 4-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Leonard Hulet Burnett — If U. S. Veteran specify WAR .....

(a) Residence: No. Altavista Va St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Alice Hodges Burnett

6. DATE OF BIRTH (month, day, year): Oct 6, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: General
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bedford Co Va

FATHER
13. NAME: Benjamin H. Burnett
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Fannie Ashwell
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Wyatt Burnett
(Address) Altavista Va

18. BURIAL, CREMATION, OR REMOVAL
Place: Altavista Va Date: 2/22, 1937

19. UNDERTAKER: Wheeler & Cook
(Address) 1217 St. Paul Street

20. FILED ..... 19 .....
Registrar

FEB 21 1937 Assistant

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/20, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Phenol Poisoning	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 2/20 1937.
Where did injury occur? Bedford Va (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Southern Hotel
Manner of injury Drank 6 oz. Pure Phenol
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Alvin B. Wallace M. D.
(Address) 1031 St. Paul St Coroner

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

F 32642

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32642

Lewis

X 140-107-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Beto Gen Hosp St., 24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 1 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arizona Lewis

If U.S. Veteran specify WAR

(a) Residence: No. 9 Arbutus Ave St., Catonsville Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 9, 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Maid 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private Family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Versailles Missouri

FATHER

13. NAME Edward Redmond

14. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER

15. MAIDEN NAME Gertrude Humes

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Viola Edmonds

(Address) 2230 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Versailles Missouri Date 2/23/ 1937

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St.

20. FILED 19 Registrar

B 22 1937

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb. 20. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1937 to Feb 20 1937

I last saw her alive on Feb 20, 1937. Death is said to have occurred on the date stated above, at 5:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Septicemia	1/12/37
2. Thrombo phlebitis Pelvic	?
3. Pericarditis with effusion	?
Other contributory causes of importance:	
1. Bronchopneumonia	1 day ago

Was an operation performed? Yes Date of 2/16/37

For what disease or injury? Pelvic infections and broad ligament thrombosis

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) James L. Webb M. D.

(Address) 1213 Light St

OCCUPATION is very important. See instructions on back of certificate.

32643 F 32643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X ✓ 34-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 13 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wallis Helen Wallace

If U.S. Veteran specify WAR .....

(a) Residence: No. Glenburnie St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Wallace

6. DATE OF BIRTH (month, day, year) Dec. 9, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME Eliza Woods

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Charles Wallace

(Address) Glenburnie Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date 2/22 1937

19. UNDERTAKER Mrs. Frances A. Hemsley

(Address) 548 W. Biddle St.

20. FILED Huntington Williams, M.D.

FEB 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/19/1937

22. I HEREBY CERTIFY, That I attended deceased from February 6 1937 to 1937

I last saw her alive on Feb. 19 1937 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic C.V.D.	?
Ruptured aneurysm of ascending aorta	?
Other contributory causes of importance:	
Pulmonary edema	

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Paul Schmidt M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

32644 F 32644

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

324945 H6-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 14-3 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Thomas If U. S. Veteran specify WAR

(a) Residence: No. 343 Robert St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Thomas

6. DATE OF BIRTH (month, day, year) Oct 17, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	yrs 4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm. Thomas

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Harriet Dennis

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cem. Date 2/22/ 1937

19. UNDERTAKER Mrs Frances A Yeomley (Address) 5 7 8 N. Biddle St.

20. FILED 1937 Huntington Maryland Registrar.

FEB 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1937 to Feb. 19, 1937

I last saw h.mx. alive on Feb 19, 1937. Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
& High Grade Pyloric Obstruction	7 mo prior
& Starvation.	

Other contributory causes of importance:

Cardiac Failure &	
Bronchopneumonia	1

Was an operation performed? Yes Date of 2-16-37

For what disease or injury? Gastric Ca.

Name of operation Posterior Gastroenterostomy

What test confirmed diagnosis? Clinical & Operative Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul A. Reeder, M. D.

(Address) The Johns Hopkins Hosp.

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

F 32645 ✓ F 32645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. St. Joseph's Hospital W-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. 1 mos. 22 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Les. McKay

(a) Residence: No. Croyden, Maryland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Mary's Co Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Marys Co. Date 2/20 1937

19. UNDERTAKER Wm. C. Mattingly
(Address) Leonardtown, Md.

20. FILED

FEB 22 1937 Huntingtown Williams Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21 1937

22. I HEREBY CERTIFY That I attended deceased from Dec. 29 1936 to Feb 21 1937

I last saw h— alive on Feb 21 1937 Death is said to have occurred on the date stated above, at 2:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	?

Other contributory causes of importance:

Was an operation performed? Yes Date of 12-31-36

For what disease or injury? Biopsy of Supra-Clavicular Gland

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Frank R Stephenson M. D.

(Address) St Joseph's Hospital

OCCUPATION is very important. See instructions on back of certificate.

AGNES LEWANDOWSKI ✓ F 32646

F 32646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Balto. General Hospital — Registered No. 1-14 108
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes Lewandowski — If U. S. Veteran specify WAR

(a) Residence: No. 703 Tunnell St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Lewandowski

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Ernst Kamiski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Zamacki

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Mollie Lewandowski (Address) 221 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date Feb 22, 1937

19. UNDERTAKER John M Weber (Address) 401 St. Paul St

20. FILED 19 Registrar.

FEB 22 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above and held an (Inquest, Autopsy or Inquiry) thereon and from the evidence claimed by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leon Carver Coroner M. D.

(Address) 1405 Hanover St

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

V 56

32647 F 32647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-P

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St. 1-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Sarah Eaton

(a) Residence: No. 24 S. Ellwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas Eaton

6. DATE OF BIRTH (month, day, year) Nov. 09-1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72 74	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frank Smith

14. BIRTHPLACE (city or town) (State or country) New York.

MOTHER

15. MAIDEN NAME Sarah Smith

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Cath. S. Eyth (Address) 24 S. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Feb. 22 1937

19. UNDERTAKER John A. McCann (Address) 600 E. Balto. St.

FILED FEB 22 1937 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1937 to Feb 18 1937

I last saw her alive on Feb 18 1937. Death is said to have occurred on the date stated above, at 9 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2-11-37
Bronchopneumonia	2-15-37
Other contributory causes of importance:	
Hypertensive arteriosclerotic heart disease	?

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank R Stephenson M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 32648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH New Baltimore General 93 Hospital

CITY OF BALTIMORE: (No. 22 St. 26-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Miss Wilhelmina Diehl

(a) Residence: No. 2439 Laurella ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 30 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John C. Diehl

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Wilhelmina Conrad

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Emma L. Taylor

(Address) 960 N. Gay St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 2/22/37

19. UNDERTAKER Geo. Weber & Son

(Address) 3503 Edmondson Ave

Registrar

20. FILED FEB 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry) to ... death on the day stated above. 321 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Keene Carey M. D. Coroner

(Address) 12 16 Hanover

State CAUSE OF DEATH in plain words. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

V S G

32649 F 32649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 127

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.
CITY OF BALTIMORE: (No. ..... St., 12 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. 5 mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR —

2. FULL NAME Hazlett Carlisle

(a) Residence: No. 4516 N. 19th St., Philadelphia, Pa. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 11, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
52	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Master
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman
10. Date deceased last worked at this occupation (month and year) 9-17-36
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portsmouth Va.

FATHER
13. NAME Hazlett Carlisle
14. BIRTHPLACE (city or town) (State or country) Smyda Delaware

MOTHER
15. MAIDEN NAME Mary Quinn
16. BIRTHPLACE (city or town) (State or country) Portsmouth Virginia

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Portsmouth, Va. Date Feb 23, 1937

19. UNDERTAKER Wm. J. Tickner & Son
(Address) Walk & Paine

20. FILED FEB 22 1937 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 19, 1936 to February 20, 1937.
I last saw him alive on February 20, 1937. Death is said to have occurred on the date stated above, at 7:50a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver, atrophic	2 yrs
Other contributory causes of importance:	

Was an operation performed? YES Date of 10-16-36
For what disease or injury? cholecystitis, chronic
Name of operation Exploratory laporotomy & cholecystostomy
What test confirmed diagnosis? P.M. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. L. Wollenweber, M. D.
(Address) U. S. Marine Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 32650

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32650

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Andrew J. Dixon

If U. S. Veteran specify WAR No

(a) Residence: No. Windsor Mill Rd St., ... Ward. Woodlawn Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/20/84

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm. Dixon

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary —

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Friends

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date 19

19. UNDERTAKER Joseph B. Cook

(Address) 104 W. Baltimore St.

20. FILED ..... 19 ..... Registrar.

FEB 22 1937 Huntington Millard, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1937 to Feb. 18, 1937

I last saw him alive on Feb. 16, 1937. Death is said to have occurred on the date stated above, at 12 1/2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchogenic carcinoma of lung.	2-1-36
metastasis to ileum	12-1-36
Other contributory causes of importance:	
Lung abscess	2-4-37
Bronchus-pleural fistula	2-12-37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Frederick C. Wilson Jr. M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

32651 F 32651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5009 Wetheredsville Road St., 28-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma M. Pfeffer

If U. S. Veteran specify WAR

(a) Residence: No. 5009 Wetheredsville Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carroll R. Pfeffer

6. DATE OF BIRTH (month, day, year) October 13, 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Charles L. Smith

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary M. Favill

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mr. Carroll R. Pfeffer

(Address) 5009 Wetheredsville Road

18. BURIAL, CREMATION, OR REMOVAL

Date Lorraine Cem Date Feb. 22, 1937

19. UNDERTAKER Joseph B. Cook

(Address) 1005 N. Baltimore St.

20. FILED FEB 22 1937 19 Asst. Registrar

OCCUPATION is very important. See instructions on back of this sheet.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 '36, 19 36, to Feb 19 '37, 1937

I last saw her alive on Feb 19 '37, 19 37. Death is said to have occurred on the date stated above, at 10.18P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	Dec 26/36

Other contributory causes of importance:

Valvular Heart Trouble and Chronic Nephritis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo J. Eberhart, M. D.

(Address) 5100 Windsor Mill Road

F 32652

F 32652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St. 17 B Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Layton F. Smith

If U. S. Veteran specify WAR WW

(a) Residence: No. 2701 St. Paul St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Beasley Smith

6. DATE OF BIRTH (month, day, year) Nov. 24, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Washington W.P.A.Office,

10. Date deceased last worked at this occupation (month and year) May, 30, 1936

11. Total time (years) spent in this occupation 2 yrs.

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME George C. Smith

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Burrows

16. BIRTHPLACE (city or town) Culpepper (State or country) Virginia

17. INFORMANT Records, U.S.Marine Hospital

(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St. John's Cem. Date Feb. 22 19 37

19. UNDERTAKER Fred'k Cook

(Address) 1007 E. Baltimore St.

FILED FEB 22 1937 E. Layton Wilhelm, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 19, 19 37

22. I HEREBY CERTIFY, That I attended deceased from February 14, 19 37 to February 19, 19 37

I last saw him alive on February 19, 19 37. Death is said to have occurred on the date stated above, at 10:55 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	6 yrs.
Arteriosclerosis, general	Unknow

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? PM Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L. F. Bryant M. D.

(Address) U.S. Marine Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 32653

F 32653 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1319 Woodyear St. 15-1 Ward)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alice A. Mason

(a) Residence: No. 1319 Woodyear St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Emmanuel Mason

6. DATE OF BIRTH (month, day, year) March 11- 1866?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	11	8?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) 1933??

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland. Baltimore Md

FATHER

13. NAME Jesse Blades

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Hester Bowers. Md

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Viola E. Mason
(Address) 1319 Woodyear St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date 2/22/37

19. UNDERTAKER Thos. E. Kelson
(Address) 1222 Preston St

20. FILED FEB 22 1937 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1937 to Feb 19, 1937

I last saw h.. alive on Feb 18, 1937. Death is said to have occurred on the date stated above, at 3.30 A m.

The principal cause of death and related causes of importance were as follows:

Hemiplegia — Date of onset 11/20.34

Other contributory cause of importance: Arteriosclerosis - Nephritis — 11/20.34

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Wm. A. Wright M. D.

(Address) 1209 Preston St

F 32654

F 32654 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1449 Patapsco St. St. 23-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Rebbecca Hennessy

(a) Residence: No. 1449 Patapsco St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Hennessy

6. DATE OF BIRTH (month, day, year) Nov. 7, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 603

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

FATHER

13. NAME James Newman

14. BIRTHPLACE (city or town) England (State or country)

MOTHER

15. MAIDEN NAME Margaret Geillespie

16. BIRTHPLACE (city or town) Canada (State or country)

17. INFORMANT Mr. Frank J. Hennessy

(Address) 1449 Patapsco St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Feb. 23, 37

19. UNDERTAKER Wm. J. Tickner & Son

(Address) West & Pratt

20. FILED Feb 23 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/20/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/17/37, 19, to 2/20/37, 19

I last saw her alive on 2/20/37, 19. Death is said to have occurred on the date stated above, at 5:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2/17/37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? No Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isaac Muller M. D.

(Address) 127 N. Charles St.

VS 3

FEB 23 1937

F 32655 HEALTH DEPARTMENT--CITY OF BALTIMORE F 32655

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital St. 14-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Barbara Lueckert (Anna Barbara Lueckert)

(a) Residence: No. 1522 Ellamont St., Ward (Baltimore, Md)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George William Lueckert

6. DATE OF BIRTH (month, day, year) Aug. 6, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Ernst F. Bettenhausen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sabina Shafer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Emma E. Lueckert

(Address) 1522 Ellamont St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem Date Feb. 23, 1937

19. UNDERTAKER Wm. J. Tickner & Sons

(Address) Park & Laurens Sts.

20. FILED FEB 22 1937 Washington Phillips, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1937 to Feb. 20, 1937

I last saw her alive on Feb. 20 1937 Death is said to have occurred on the date stated above, at 3P. m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion — Date of onset Feb. 17, 1937

Other contributory causes of importance:

Diabetes Mellitus

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Franklin W. Bailey M. D.

(Address) Women's Hospital

F 32656 ✓ F 32656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1916 E 31 St- St. 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Caroline E. Reising

(a) Residence: No. 1916. E 31 St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Reising

6. DATE OF BIRTH (month, day, year) Aug 11- 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME John H. Fiedo

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Sarah E Mills

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

17. INFORMANT Mrs Sarah E Pappe

(Address) 1916 E 31- St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Feb 22. 1937

19. UNDERTAKER Wilson & Siebert & Sons

(Address) North & Pinna Ave

20. FILED Feb 22 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) February 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 17, 1937 to February 20, 1937

I last saw h[illegible] alive on Feb 19, 1937. Death is said to have occurred on the date stated above, at 1240a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	2d
Oedema & Emp.	12 hours
Other contributory causes of importance:	
Influenza	4d.

Was an autopsy performed? No Date of

For what disease or injury? None

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. F. a Stearns M. D.

(Address) 2878 Harford Rd

OCCUPATION is very important. See instructions on back of certificate.

vs 3

F 32657

F 32657 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

6-5 / 2-3

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 111 N. Bond St., Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lewey Watkins

If U. S. Veteran specify WAR .....

(a) Residence: No. 111 N. Bond St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
44 46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C

FATHER

13. NAME Tom Watkins N.C

14. BIRTHPLACE (city or town) (State or country) N.C

MOTHER

15. MAIDEN NAME Priscilla Goodall

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Frances Brumbley

(Address) 1835 E. Fitzsimmons St Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place Norfolk Va Date Feb 22 1937

19. UNDERTAKER Edw. Burton

(Address) 1241 Fulton Ave

FILED FEB 22 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18- 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-2- 1937, to 2-18- 1937

I last saw him alive on 2-18- 1937. Death is said to have occurred on the date stated above, at 10,40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Tuberculosis of Lungs	

Other contributory causes of importance:

Same.

Was an operation performed? — Date of —

For what disease or injury? None

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm H Bangin M. D.

(Address) 611-N Caroline

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 32658

F 32658 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH Cambridge Arms

CITY OF BALTIMORE: (No. Charles at 34th St. St. 17-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 1 mos. 27 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lillian Tallmadge Moran

If U. S. Veteran specify WAR .....

(a) Residence: No. Cambridge Arms, Charles at 34th St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence H. Moran

6. DATE OF BIRTH (month, day, year) Dec. 24, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas Welsh

14. BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

MOTHER

15. MAIDEN NAME Maria Strongwell

16. BIRTHPLACE (city or town) (State or country) Auburn, N.Y.

17. INFORMANT Clarence H. Moran

(Address) Cambridge Arms, Charles at 34st.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Feb. 22 19 37

19. UNDERTAKER John B. Mitchell & Sons

(Address) 1900 Eutaw Place, City

20. FILED ..... 19 ..... Registrar

Arlington Funeral, Inc.

Feb 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	?

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) [illegible] M. D.

(Address) 850 West 36th St., City Coroner

V56 OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

F 32659

32659 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 416 Evesham St. 27-12 Ward

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth A. Love

(a) Residence: No. 416 Evesham Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Ben F Love

6. DATE OF BIRTH (month, day, year): 1868

7. AGE — Years: 69 — Months: — — Days: — — If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John Shultz

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Ben Love 416 Evesham ave

18. BURIAL, CREMATION, OR REMOVAL — Place: St Mary - Date: Feb 23 1937

19. UNDERTAKER (Address): Mary M. Wiedefeld 201 E 22nd St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 20 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1936 to Feb 20 1937

I last saw h.e.r alive on Feb 20 1937 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Renal disease,	Nov 1936
Other contributory causes of importance:	
Cardiac Asthma, Intermittent and Decompensation	Nov 1936

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Chas. F. Edwards, M. D.

(Address) 2746 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

F 32660

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32660

95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 13-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J Walters

(a) Residence: No. 1316 Union Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of /

6. DATE OF BIRTH (month, day, year) Mar. 12 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Service Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & P Tel. Co

10. Date deceased last worked at this occupation (month and year) 0086

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Robert Walters

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emma V. Gregg

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Geo. E. Walters

(Address) 1105 W. 42 St

18. BURIAL, CREMATION, OR REMOVAL St. Mary's Cemetery Feb 24 1937

19. UNDERTAKER R. S. Marshall

(Address) 3539 Falls Road

20. FILED FEB 22 1937 Arlington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 11 1936 to Feb 28 1937

I last saw him alive on Feb 21 1937 Death is said to have occurred on the date stated above, at 1 15/16 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-11-36
Hypertensive Heart Disease & decompensation	?
Other contributory causes of importance: Terminal Bronchopneumonia	2-18-37

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Frank R Stephenson M. D.

(Address) St Josephs Hospital

OCCUPATION is very important. See instructions on back of certificate.

32661 F 32661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 N. Montford Ave St. 12-B Ward)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Brass

(a) Residence: No. 402 N. Montford Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. P. Brass

6. DATE OF BIRTH (month, day, year) Jan 29 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Geisel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME McNamara

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Chas. P. Brass
(Address) 402 N. Montford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 2/22/37

19. UNDERTAKER Philip Henry Sons
(Address) 2016 Eutaw St

20. FILED ... 19... Registrar.

B 22 1937 Huntington Park, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18. 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 19 1936 to Feb 18 1937

I last saw h[illegible] alive on Feb 17 1937, Death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Renal Disease	Years

Other contributory causes of importance:

Myocardial Insufficiency
Senile Cardiac Degeneration

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) W. C. Geisel M. D.

(Address) 756 N. Milton Ave

OCCUPATION is very important. See instructions on back of certificate.

32662 68-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32662

CERTIFICATE OF DEATH

34-107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 786 W. Saratoga St. 4-N Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME George Wright

(a) Residence: No. 786 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widowed

5a. If married, widowed or divorced ~~WIFE~~ HUSBAND of Lucy Wright (?)

6. DATE OF BIRTH (month, day, year) March 30, 1894

7. AGE Years	Months	Days	If LESS than 1 day, — hrs. or — min.
42	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (odd)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. genl. unskilled

10. Date deceased last worked at this occupation (month and year) November 1936

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Acomac, Co. Va.

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Martha Bailey
(Address) 186 W. Saratoga

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Feb 22, 1937

19. UNDERTAKER Charles G. Corbin
(Address) 3701 W. Calhoun St.

20. FILED FEB 23 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2.19.37, 19

22. I HEREBY CERTIFY, That I attended deceased from November 13, 1936, to February 19, 1937.

I last saw him alive on February 19, 1937. Death is said to have occurred on the date stated above, at 9:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Obstipation - Colitis	11.1936
Bronchial Pneumonia	2.12.37
Other contributory causes of importance:	over

Name of operation none Date of

What test confirmed diagnosis? Roy. Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) James M. Lair, M. D.

(Address) 865 W. Lexington St.

OCCUPATION is very important. See instructions on back of certificate.

F 32663 ✓ F 32663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 626 Gold St. 14 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. If foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Young (or Margaret E. Brown)

(a) Residence: No. 626 Gold St., Ward. Pittsburgh, Pa.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Col.	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Harry Young

6. DATE OF BIRTH (month, day, year) 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gladstone Md.

FATHER

13. NAME Samuel Pratt

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Minnie Pratt

(Address) 626 Gold St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Star Date Feb 22 1937

19. UNDERTAKER V. G. Brooks

(Address) 1463 N. Carey St

FILED 19 Registrar

2-22-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23, 19 to Feb. 19, 1937

I last saw her alive on Feb. 18 1937. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	Jan.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? No

Name of operation Date of

What test confirmed diagnosis? Phy. Ex. Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) P. Garland Schmidt M. D.

(Address) 1534 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

32664 HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 32664

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2435-E. Preston Street St. 8-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edith Myers

If U.S Veteran specify WAR ....

(a) Residence: No. 2435-E. Preston Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benj. F. Myers

6. DATE OF BIRTH (month, day, year) 1/18/1855

7. AGE Years	Months	Days	If LESS than 1 day XXXXX or ..... min.
82	1	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Adam Pfeiffer

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mrs. Mabel Lushbaugh

(Address) 2929-Riggs Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 2/22/37 19

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735-Harford Ave.

20. FILED FEB 22 1937 19 ..... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 18th. 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1937 to Feb 18 1937

I last saw h.. alive on Feb 18 1937. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/15

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Gustave A. Pratt, M. D.

(Address) 6801 Belair Rd.

32665 F 32665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 10-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas M. Cadden

If U.S. Veteran specify WAR .....

(a) Residence: No. 925 E. Biddle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Elizabeth B.

6. DATE OF BIRTH (month, day, year) Dec 1 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Daniel Cadden

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Catherine Kirby

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Elizabeth B. Cadden

(Address) 925 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Mem. Date Feb 24 1937

19. UNDERTAKER Martin W. C. Dippel

(Address) 37 S. Amity St.

20. FILED ..... 19 ..... Registrar.

FEB 22 1937 Attesting for Philip A. Hoff

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9 1937 to Feb. 21 1937

I last saw him alive on Feb 21 1937 Death is said to have occurred on the date stated above, at 11.07 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Head of Pancreas	?

Other contributory causes of importance:

Acute Myocardial failure	1 day

Was an operation performed? No Date of 2-19-37

For what disease or injury? Ca. Head of Pancreas & Obstructive Jaundice

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Benj. H. Isaacs M. D.

(Address) St. Joseph's Hosp

F 32666

F 32666 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W.

Registered No. 14-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 Laurens St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S Veteran specify WAR

2. FULL NAME Annie A. Williams

(a) Residence: No. 412 Laurens St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Walter Williams

6. DATE OF BIRTH (month, day, year): 7-14-1886

7. AGE: Years 50 | Months 7 | Days 6 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Maid 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Walter Dodson

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Amelia Price

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs Annie Gregg

(Address) 412 Laurens St

18. BURIAL, CREMATION, OR REMOVAL

Place: Ft Auburn Date 2-24 1937

19. UNDERTAKER: George T. A. Gibson

(Address) 1135 Druid Hill Ave

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1937, to Feb 20, 1937.

I last saw her alive on Feb 20, 1937. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	Feb 14
Other contributory causes of importance: Influenza	Feb 10

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. S. McCard M. D.

(Address) 2029 Druid Hill Ave

OCCUPATION is very important. See instructions on back of certificate.

FEB 24 1937

32667 F 32667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 7-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Pauline Arnold

If U. S. Veteran specify WAR .....

(a) Residence: No. Sinai Aged Home Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Feb. 22 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Samuel Arnold

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN Ober Greenwald.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. M. Syndeshimer (Address) 2520 Talbot Road.

18. BURIAL, CREMATION, OR REMOVAL Pikesville Pr. Cem. Date July 23 1937

19. UNDERTAKER David Hondelsman & Son (Address) 1902 Eutaw Place

20. FILED July 22 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/21/37

22. I HEREBY CERTIFY, That I attended deceased from 2/19/37 to 2/21/37

I last saw her alive on 2/21/37 Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia (hypostatic)	2/19/37
Arterio Sclerotic Cardio-vascular - renal disease	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Benjamin B. Rosen, M. D.

(Address) B Sinai Hosp

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

F 32668

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32668

23

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 37-7

CITY OF BALTIMORE: (No. Childrens Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thelma Mary Culver

(a) RESIDENCE NO. 4122 Hamilton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. 3 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 26. 1909.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Telephone Operator

(b) General nature of industry, business, or establishment in which employed (or employer) Apt. House

(c) Name of employer Mr. Herzog

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Chas Culver

11 BIRTHPLACE OF FATHER (city or town) (State or country) Newark N. J.

12 MAIDEN NAME OF MOTHER Emma Marshall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Earl Culver.

(Address) 610 N. Curley St.

15 Filed [illegible] Receipt [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 21. 1937

17 I HEREBY CERTIFY, That I attended deceased from Mar. 24, 1926, to Feb. 21, 1937.

that I last saw her alive on Feb 20, 1937

and that death occurred, on the date stated above, at 1.10 p. m.

The CAUSE OF DEATH* was as follows:

Miliary tuberculosis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis R knee

(duration) 25 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? yes Date of Jan. 6. 1937

Was there an autopsy? yes.

What test confirmed diagnosis? X-Ray exam.

(Signed) Gilbert J. McKelvey, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fort Wood Cemetery

DATE OF BURIAL: Feb. 25 1937

20 UNDERTAKER: Frederick Loveday & Son

ADDRESS: 7401 Belair R

Important. See instructions on back of certificate.

32669

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32669

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 W 36th St. St., 13-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Matilda F. Taylor

If U.S. Veteran specify WAR

(a) Residence: No. 710 W 36th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert F. Taylor.

6. DATE OF BIRTH (month, day, year) Oct 19, 1856.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Harry Taylor

(Address) 710 W 36th St

18. BURIAL, CREMATION, OR REMOVAL

Druid Ridge Date Feb 23 1937

19. UNDERTAKER Thenor & Son

(Address) 3615 Edmondson Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 8 1937 to Feb 20 1937

I last saw h[illegible] alive on Feb. 19 1937. Death is said to have occurred on the date stated above, at 12 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia.	12 days.
Other contributory causes of importance: Bronchopneumonia	2 days

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.

(Address) 846 W 36th St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 32670

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32670

CERTIFICATE OF DEATH

82-a

Registered No. 70-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 319 N. Payson St., ... Ward)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... d. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Annie P. De Haven

(a) Residence: No. 319 N. Payson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of West De Haven

6. DATE OF BIRTH (month, day, year) Sept 2- 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
85	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at loom

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Wm. Stucks

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs. J. H. Weems

(Address) 319 N. Payson St

18. BURIAL, CREMATION, OR REMOVAL

Place of ~~Burial~~ Mt. Olivet Cemetery Date Feb 23 1937

19. UNDERTAKER Fidh. Funeral Home

(Address) 1701 Eutaw Pl

20. FILED Feb 22 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 21. 1937

22. I HEREBY CERTIFY, That I attended deceased from February 19. 1937. to Feb 20 1937.

I last saw h[illegible] alive on Feb 20 1937. Death is said to have occurred on the date stated above, at 7:25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	
Other contributory causes of importance:	
Cerebral hemorrhage	2

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D Benjamin J Haden M. D.

(Address) 2306 N. Eutaw St

V. S. 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 32671 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32671

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 3-1 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Makowski

If U. S. Veteran specify WAR .....

(a) Residence: No. 914 Eastern Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 9, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 30 min.
	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Wincr Makowski

14. BIRTHPLACE (city or town) Baltimore (State or country)

MOTHER

15. MAIDEN NAME Cecelia Tworzydlo

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Feb. 23 1937

19. UNDERTAKER Fred W Ozarowski

(Address) 1900 Eastern Ave

20. FILED FEB 22 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ at time of birth, to ....., 19.....

I last saw her alive ~~on~~ at birth, 19..... Death is said to have occurred on the date stated above, at 11 05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	—
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) George D. Talley, M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 32672

32672 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

149 B-14-9a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 25 Ward)

Length of residence in city or town where death occurred ....yrs.....mos.....ds. How long in U. S. If of foreign birth? ....yrs.....mos.....ds.

2. FULL NAME Cecelia Makowski (Tuszynska) If U.S. Veteran specify WAR ....

(a) Residence: No. 1914 Eastern Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wincent Makowski

6. DATE OF BIRTH (month, day, year) Sept. 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	4 5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) 2-3-37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Tuszynski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Feb. 23 1937

19. UNDERTAKER Fred W Ozarowski
(Address) 1930 Eastern Ave.

20. FILED FEB 22 1937 M. E. Inspector

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb. 19 1937

22. I HEREBY CERTIFY, That I attended deceased from Febbs 1936 to Feb 19 1937

I last saw h alive on Feb 19 1937 Death is said to have occurred on the date stated above, at 11 05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease decompensated	?
Pregnancy	7-1936

Other contributory causes of importance:

Was an operation performed? yes Date of Feb 19-1937

For what disease or injury? Pregnancy
Cesarian Section.

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Arthur J Smiroski M. D.

(Address) Mercy Hospital.

OCCUPATION is very important. See instructions on back of certificate.

F 32673 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32673

CERTIFICATE OF DEATH

95-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 722 Northern Parkway Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lilian H. Townsend

If U. S. Veteran specify WAR

(a) Residence: No. 722 Northern Parkway Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William S. Townsend

6. DATE OF BIRTH (month, day, year) July 11 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.Y.

FATHER

13. NAME Walters.

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Bertha Hagleman

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Mrs. Robt. Mayfield

(Address) 722 Northern Parkway

18. BURIAL, CREMATION, REMOVAL. Place Druid Ridge Date Feb 22 1937

19. UNDERTAKER Wm. S. Rexter Sons

(Address) North & Pleasant

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-3, 1936, to 2-20, 1937

I last saw her alive on 2-20, 1937. Death is said to have occurred on the date stated above, at 11.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Arteriosclerotic Cardiovascular disease	?
b. Marasmus (Anorexia, weakness etc)	May 1936
c.	
d.	

Other contributory causes of importance:

Scoliosis	?
Chronic Bronchitis	1910

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. Nelson Carey, M. D.

(Address) 1014 St Paul St.

OCCUPATION is very important. See instructions on back of certificate.

FEB 22 1937

32674 761 HEALTH DEPARTMENT—CITY OF BALTIMORE 32674

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-5 St., Ward)

Registered No. 107-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Howard Grisson

If U. S. Veteran specify WAR

(a) Residence: No. Aberdeen Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/16/37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Howard Grisson

14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME Bertha Singleton

16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT Records - JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Lone Cem Aberdeen Md Date Feb 23, 1937

19. UNDERTAKER Henry Loving & Sons Aberdeen Md
(Address)

20. FILED ... 19... Registrar. Washington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

V8 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1937 to Feb 21, 1937

I last saw h— alive on Feb 21, 1937. Death is said to have occurred on the date stated above, at 1-40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	1-28-37
Malnutrition	
Dehydration	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Fluoroscopy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Robert Dailey M. D.

(Address) Johns Hopkins Hospital

FEB 22 1937

M. D. B 1268-9

F 32675

F 32675 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2131 Vine St. 10-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth 65 yrs. mos. ds.

2. FULL NAME August Bibbig

(a) Residence: No. 2131 Vine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 3 - 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0086
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Toy Packer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Bibbig
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Howard Bibbig
(Address) 13 Howard Ave Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 23 1937

19. UNDERTAKER George L. Schmidt
(Address) 2101 Frederick Ave

20. FILED Feb 23 1937 Wm. H. Howard Supt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21th 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/20 1937 to 2/21 1937
I last saw him alive on 2/20 1937 Death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2/21 37
Senility	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W H Crowther M. D.
(Address) 4209 Frederick Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 32676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 E. Pleasant St., 4-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Aaron L Simmons

If U. S. Veteran specify WAR .....

(a) Residence: No. 104 E. Pleasant St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Simmons

6. DATE OF BIRTH (month, day, year) May 16, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Journeyman

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) York Pa

FATHER

13. NAME Aaron Simmons

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Caroline Erb

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Caroline Simmons

(Address) York Pa

18. BURIAL, CREMATION, OR REMOVAL Pa

Place New Cumberland Date 2/22, 1937

19. UNDERTAKER Meisner Bros

(Address) 1217 S. Paca Street

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry) to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Myocarditis chronic	
Angina Pectoris	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Elmer B. Wallace M. D.

(Address) 1031 St Paul St

OCCUPATION is very important. See instructions on back of certificate.

V 56

Anastazya Banasiak (Banaszak) # 21159 F 32677.

F 32677

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 1-1 Ward)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anastazy Banasiak (or Banaszak)

If U. S. Veteran specify WAR .....

(a) Residence: No. 2834 Elliott St. St., ... Ward. .....
(Usual place of abode) Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael

6. DATE OF BIRTH (month, day, year) 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Michael Cichon

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Tiny

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date 2/24 37

19. UNDERTAKER John J. Ruppa
(Address) 2811 Hudson St

20. FILED ..... 19 ..... Registrar .....

B-22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1937 to Feb. 20, 1937

I last saw her alive on Feb. 20, 1937. Death is said to have occurred on the date stated above, at 2:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis	2-13-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) A. A. de Santelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 32678

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32678 #21214

CERTIFICATE OF DEATH

45-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alexander Dixon

(a) Residence: No. 435 Somerset St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) 10/26/1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME Levi

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Ann

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 2-23. 1937

19. UNDERTAKER Tathe Grosa
(Address) 1908 Oakland ave

20. FILED 19 Registrar.

FEB 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20. 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-18. 1937 to 2-20. 1937

I last saw h[illegible] alive on 2-20. 1937 Death is said to have occurred on the date stated above, at 4:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Tongue	August 1936

Other contributory causes of importance:

Was an operation performed? yes Date of 2-19-37

For what disease or injury? Carcinoma of Tongue

Name of operation Gastrostomy

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. L. Carpenter M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 32679

F 32679 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Mercy Hospital Registered No. 210-14

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Kalmia apt Edgar St. 10-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John M. Gilmore

if U. S. Veteran specify W. Al.

(a) Residence: No. 700½ E. Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irene Kordian Gilmore

6. DATE OF BIRTH (month, day, year) Oct. 24 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician Asst.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western Electric Co.

10. Date deceased last worked at this occupation (month and year) Feb. 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John S. Gilmore

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Dolley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. James S. Gilmore

(Address) 700½ E. Edgar St.

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cemetery Date Feb. 23, 1937

19. UNDERTAKER Elmer W. Conkling

(Address) 924 E. Edgar St.

20. FILED FEB 22 1937 Registrar for Wilson Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20th, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

examined by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Fractured Skull	
2 Laceration of Face	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Feb. 20 1937

Where did injury occur? Kalmia & Edgar (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by Auto—

Nature of injury Int & ext Injuries

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

Coroner

(Address)

Make certificate on this page. Fill in all items. OCCUPATION is very important. See instructions on back of certificate.

F 32680

32680 15

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH Johns Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 36-6 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rafael Colangelo

If U. S. Veteran specify WAR .....

(a) Residence: No. 1207 S. Bayless St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Loretta

6. DATE OF BIRTH (month, day, year) 5-4-76

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. watchman B&O R.R.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0062

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Maria Laiue

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 2/23 1937

19. UNDERTAKER Lilly & Ziler Inc
(Address) 403 Fulton St

20. FILED Huntington W. Willard M.D.

FEB 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1937 to Feb 19, 1937

I last saw h~~im~~ alive on Feb 19, 1937 Death is said to have occurred on the date stated above, at 7.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia } due to: Type I Pneumococcus	1937
Empyema	
Benign Prostatic Hypertrophy	1936
Cystospasitis	1936
Other contributory causes of importance:	
Cirrhosis of Liver	Indefinite
Obesity	Life

Was an operation performed? Yes Date of Feb 15, 1937

For what disease or injury? Empyema

Name of operation Thoracotomy

What test confirmed diagnosis? Smears, Blood culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles G. Lavinway M. D.

(Address) Johns Hopkins Hospital.

OCCUPATION is very important. See instructions on back of certificate.

F 32681

F 32681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. 6-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jacob Dicker

(a) Residence: No. 2314 E Fairmount Av St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Rebecca D. Dicker

6. DATE OF BIRTH (month, day, year) Dec 19 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
84	90	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Fruit buyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for Martin Wagner

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Dicker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rebecca Gullenbeck

16. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

17. INFORMANT Agnes Dicker

(Address) 2314 E Fairmount Av

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb 23 1937

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) 405 S Wolfe St.

20. FILED FEB 22 1937 Hennington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Arterial Sclerosis	?
Cerebral Hemorrhage	2/20/37
Fracture Rt Femur	2/15/37

Other contributory causes of importance: Senility

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1937

Where did injury occur? 2314 E Fairmount Av at home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down stairs

Nature of injury Fracture Rt Femur

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chas Dyderhoven M. D. Coroner

(Address) Coroner's

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32682 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32682

1145a-91a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hosp (St.) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Laura W. Feehley

If U.S. Veteran specify WAR ...

(a) Residence: No. 526 So. Elwood St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. William Feehley

6. DATE OF BIRTH (month, day, year) Nov. 18, 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43	-3	-3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan 1937

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Hugh Madsen

14. BIRTHPLACE (city or town) (State or country) Pittsburg Pa.

MOTHER

15. MAIDEN NAME Augusta Klasky

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Elizabeth Boguin

(Address) 517 So. Aisquith Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Schwartz Cemetery Date Feb. 26 1937

19. UNDERTAKER Kelly & Bailey Inc.

(Address) 400 S. Fulton St

20. FILED Washington D.C. Registrar

FEB 22 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/21/37

22. I HEREBY CERTIFY, That I attended deceased from 2/16/37, 19..., to 2/21/37, 19... I last saw h... alive on 2/21/37, 19... Death is said to have occurred on the date stated above, at 12 30 P.M.

The principal cause of death and related causes of importance were as follow: Puerperal infection — Date of onset

Other contributory causes of importance: Septicemia, Endocarditis

Was an operation performed? No Date of

For what disease or injury? 0

What test confirmed diagnosis? Blood Culture Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Benj H. Isaacs M. D.

(Address) St. Joseph's Hosp.

F 32683

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32683

CERTIFICATE OF DEATH

21238 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) 26-8 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Cullison

If U. S. Veteran specify WAR

(a) Residence: No. 45 Conkling Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mabel Cullison

6. DATE OF BIRTH (month, day, year): 1-23-1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47		28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Edgar Cullison

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Mary ?

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Oak Lawn Date: 2/23/37

19. UNDERTAKER: John B. Connelly

(Address) Govans, Md.

FEB 22 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1937, to Feb 21, 1937

I last saw him alive on Feb 21, 1937. Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia.	2-17-37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical & autopsy findings Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wade Santelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

32684 HEALTH DEPARTMENT—CITY OF BALTIMORE 32684

CERTIFICATE OF DEATH

51-B

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Steinman

(a) Residence: No. Long Beach Bayou Md St, ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose McKinley

6. DATE OF BIRTH (month, day, year) June 26-1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0061

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police Officer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Wm Steinman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Rose Steinman
(Address) Long Beach Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 2/23 1937

19. UNDERTAKER John P. Connelly
(Address) Essex Md.

20. FILED ... 19 ... Registrar

FEB 22 1937 Huntington for Fallsway

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/20 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/21/37 . 19... to 2/20/37 . 19...

I last saw him alive on 2/20/37 . 19... Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia & Cachexia	
	0041

Other contributory causes of importance:

Carcinoma of Bladder

Was an operation performed? Yes Date of 2/15/37

For what disease or injury? Carcinoma of Bladder

Name of operation Suprapubic Cystotomy

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Albert Michelson M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 32685 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32685

CERTIFICATE OF DEATH

66-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. 5 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Carrie Queen

(a) Residence: No. Hyattsville, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 27, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	~~20~~ 9	2/24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. mother's home

10. Date deceased last worked at this occupation (month and year) Aug. 1932

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER

13. NAME Basil Queen

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Hawkins

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hyattsville Md 2/22 37

19. UNDERTAKER Ft. Gasch & Son
(Address) Hyattsville, Md.

20. FILED ..... 19..... Registrar.

FEB 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1937 to Feb. 21, 1937

I last saw h.. alive on Feb. 21, 1937 Death is said to have occurred on the date stated above, at 10:50 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hyperthyroidism	Aug 1932
Other contributory causes of importance: Auricular fibrillation	2-21-37

Was an operation performed? yes Date of Feb. 19, 1937

For what disease or injury? Hyperthyroidism

Name of operation Thyroidectomy

What test confirmed diagnosis? BMR Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Luis Lafaz Rivera M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

32686 F 32686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Gen Hosp St., 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. 30 mos. ds.

2. FULL NAME Mrs. Joseph Draszba

If U.S. Veteran specify WAR

(a) Residence: No. 112 N. Stricker Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) not known

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Wm F Loukitis

(Address) 414 Beechfield ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 2/23/ 1937

19. UNDERTAKER Chas J Bruchhauser

(Address) 637 S Paca St

20. FILED FEB 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-19-37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 2-12-37 . 19 , to 2-19-37 . 19

I last saw h alive on 2-19-37 . 19 . Death is said to have occurred on the date stated above, at 11 25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes 20 years	
Bilateral inguinal adenitis draining	
Mitral endocarditis	
Secondary anemia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? No Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Nathan Wolf M. D.

(Address) South Balto General Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 32687

F 32687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

184

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hosp. (St.) 12-2 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Wanda Lee Simmons

(a) Residence: No. Fallston Md St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 6 - 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Harford Co (State or country) Md

FATHER

13. NAME Elston Simmons

14. BIRTHPLACE (city or town) (State or country) W. Virginia

MOTHER

15. MAIDEN NAME Nellie Reed

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Elston Simmons (Address) Fallston Md

18. BURIAL, CREMATION, OR REMOVAL Place Ebenezer Cem Date 2/21/37

19. UNDERTAKER C. L. Gross. (Address) Dublin, Md.

20. FILED FEB 22 1937 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22 1937

22. I HEREBY CERTIFY, That I took charge of the remains as described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound in abdomen	2-18-37
Peritonitis	2-18-37
Hypostatic Pneumonia, Terminal	2-21-37

Other contributory causes of importance:

Was an operation performed? Yes Date of Feb 18 '37

For what disease or injury? Gunshot wound abdomen

Name of operation Closure Intestinal perforations Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2-18, 1937

Where did injury occur? Cross Roads Harford Co. Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Parked Automobile in Public place

Manner of injury Brother age 4 yrs playing with Gun

Nature of injury 22 Cal bullet wound in abdomen

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. M. Fisherhower Coroner M. D.

(Address) Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 32688 HEALTH DEPARTMENT—CITY OF BALTIMORE 32688

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 1079 S. Howard St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Luther Henson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1079 S. Howard St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Henson

6. DATE OF BIRTH (month, day, year) Mar. 4 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

FATHER

13. NAME Charles Henson

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

MOTHER

15. MAIDEN NAME Harriet Johnson

16. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

17. INFORMANT Clayton Henson

(Address) Cambridge Md

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge Md. Date Feb 23 1937

19. UNDERTAKER Walter Bros

(Address) 130 W Lombard St

20. FILED ..... 19 ..... Registrar.

FEB 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 11 1937 to Feb 20 1937

I last saw him alive on Feb 19 1937. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
	chronic
	Dec 36
Other contributory causes of importance:	37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) D. T. Hassell M. D.

(Address) 109 W Hill St

OCCUPATION is very important. See instructions on back of certificate.

F 32689 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32689

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2532 Frederick Ave. St. 70-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nicholas J. Fanback

If U. S. Veteran specify WAR

(a) Residence: No. 2532 Frederick Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Lucille Hill Fanback

6. DATE OF BIRTH (month, day, year) Oct. 17, 1859.

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
77	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Transit Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Andrew Fanback

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Anna Friese

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Mrs. George C. Sieglein
(Address) 2532 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Feb. 22/37

19. UNDERTAKER Harry F. Witzke
(Address) 701 Edmondson Ave.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1937 to Feb. 19, 1937

I last saw him alive on Feb. 19, 1937 Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-14-37
Other contributory causes of importance:	
arteriosclerosis chronic cardiac vascular disease	2 years

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Edwin Klassing M. D.

(Address) 1904 W. Baltimore St.

OCCUPATION is very important. See instructions on back of certificate.

VS 2

FEB 22 1937

M. D. B 1268-9

F 32690

F 32690 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 21-1 Ward)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Vet. specify WAR No Record

2. FULL NAME Mary A. Ruckle

(a) Residence: No. 1102 Burgundy St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter

6. DATE OF BIRTH (month, day, year) Sept 11 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME George Hack

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Phillip Lotters

(Address) 1106 Burgundy St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Feb 25 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED FEB 23 1937 Washington Williams Registrar

EB 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence obtained by said ..... find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. A. Wright, M. D.
Coroner

(Address) 1010 S. Belnord Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 32691

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32691

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 5-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles W. McFarland

If U. S. Veteran specify WAR No Record

(a) Residence: No. 285 Exeter St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Mary McFarland

6. DATE OF BIRTH (month, day, year) Sept 22, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69 years	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building Industry

10. Date deceased last worked at this occupation (month and year) 1/1/35

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME George McFarland.

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Rosann Avelina

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Henry McFarland

(Address) 285 N. Exeter St

18. BURIAL, CREMATION, OR REMOVAL

Place St Vincent Date Feb 24 19 37

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED FEB 23 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1937 to Feb 21, 1937

I last saw h.e.m alive on Feb 21, 1937. Death is said to have occurred on the date stated above, at 10.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Myocardial Failure	2/20/37
2. Ca of Rectum	1/1/35

Other contributory causes of importance:

Was an operation performed? Yes Date of 2/18/37

For what disease or injury? Ca. of Rectum

Name of operation Precolostomy

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Grant Lund, M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

Seeds

F 32692

F 32692 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2107 Ellamont Ave 5-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residenre in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR No Record

2. FULL NAME Clara E. Seeds

(a) Residence: No. 2107 Ellamont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of Robert M. Seeds

6. DATE OF BIRTH (month, day, year) June 27th 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Kenckman

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Amelia Hunt

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mary A. Bange (Address) 2107 Ellamont St

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 2/23/37

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED FEB 23 1937 Thurlow Whitehurst Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20th, 1937

22. I HEREBY CERTIFY, That I attended deceased from p.m. 8, 1936, to Feb. 20, 1937.

I last saw h.. alive on Feb. 20, 1937. Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Syncope	

Other contributory causes of importance:

Arterio Sclerosis

Nephritis

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

25. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Hobart Eccl M. D.

(Address) 2502 Calvaton Hgts Balto

15588

F 32693 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32693

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 26-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Bell

If U. S. Veteran specify War No Record

(a) Residence: No. 633 S. Lehigh St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles L Bell

6. DATE OF BIRTH (month, day, year) 2-2-1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) ? Va

FATHER

13. NAME William Trump

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Jane

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Feb 24 1937

19. UNDERTAKER Mrs Cook

(Address) 1217 St Paul St

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-27, 1931, to 2-21, 1937

I last saw h.e.r alive on 2-21, 1937. Death is said to have occurred on the date stated above, at 8 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	Unk

Other contributory causes of importance:

Senility	Unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Ramey M. D.

(Address) Baltimore City Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 3

M. D. B. 1268-9

F 32694

F 32694 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3708 Woodbrook Ave St., 15 Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Schlegel

(a) Residence: No. 3708 Woodbrook Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Mrs. Ida Schlegel

6. DATE OF BIRTH (month, day, year) March 14 - 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packed food dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME Frank Schlegel

14. BIRTHPLACE (city or town) .....
(State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Schwartz

16. BIRTHPLACE (city or town) .....
(State or country) Maryland

17. INFORMANT Mrs. Ida Schlegel
(Address) 3708 Woodbrook Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem Date 2/23 19 37

19. UNDERTAKER J. J. Moran
(Address) 1300 E. Baltimore

20. FILED FEB 23 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20. 1937

22. I HEREBY CERTIFY, That I attended deceased from January 19, 1937 to February 19, 1937
I last saw him alive on February 19, 1937. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial Nephritis	?
Cardiac hypertrophy	

Other contributory causes of importance:
Acute Cardiac dilatation

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Benjamin Kadrie M. D.

(Address) 2306 Eutaw Place

State CAUSE OF DEATH in plain terms, so that it may be understood. See instructions on back of certificate.
OCCUPATION is very important.

F 32695

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32695

CERTIFICATE OF DEATH

V 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1318 Homestead St. 9-5 Ward)

Length of residence in city or town where death occurred 58 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bernard P. Kelly

If U.S. Veteran specify WAR .....

(a) Residence: No. 1318 Homestead St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: M

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or WIFE of): Theresa Kelly

6. DATE OF BIRTH (month, day, year): June 2 1878

7. AGE — Years: 58 | Months: 8 | Days: 28 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sergt. in Police

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto Police Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): City

FATHER

13. NAME: Patrick Kelly

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Winifred Roane

16. BIRTHPLACE (city or town) (State or country): Ire.

17. INFORMANT (Address): Theresa Kelly 1318 Homestead

18. BURIAL, CREMATION, OR REMOVAL: Place Sacred Heart Cem. Date 2/23/ 1937

19. UNDERTAKER (Address): J. J. Nolan 3005 E. Balto St.

20. FILED FEB 23 1937 Registrar. Wm. F. Fleming Jr. Town Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/24/1937

22. I HEREBY CERTIFY, That I attended deceased (from Dec. 24 1936 to Feb. 19 1937. I last saw him alive on Feb. 19 1937. Death is said to have occurred on the date stated above, at 5a. m.

The principal cause of death and related causes of importance were as follows: Pulmonary Tuberculosis — Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Samil Snyder M. D.

(Address) 1634 E. Baltimore St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-3

F 32696

F 32696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-3 82-a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 810 Madison Ave. St., Ward)

Length of residence in city or town where death occurred 73 yrs. 10 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Henderson

If U. S. Veteran specify WAR

(a) Residence: No. 810 Madison Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William J. Henderson

6. DATE OF BIRTH (month, day, year) Mar. 20, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME John H. Sapp

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Jane Wheatley

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Cassie A. Seward
(Address) Lloyds, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Feb. 23, 1937

19. UNDERTAKER John B. Mitchell & Son
(Address) 1900 Eutaw Place, City

20. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harry Agnew, M.D.
Coroner

(Address) 1215 S. Hanover St. City

OCCUPATION is very important. See instructions on back of certificate.

F 32697 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32697

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1923 Sherwood Avenue St., 9-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard Clark

If U.S. Veteran specify WAR ....

(a) Residence: No. 1923 Sherwood Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret (Fuchs)

6. DATE OF BIRTH (month, day, year) 7/18/1881

7. AGE Years	Months	Days	If LESS than 1 day ##### or min.
55	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0050

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James Clark

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Sarah Ringrose

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Margaret Clark (Wife)
(Address) 1923 Sherwood Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Feb. 23, 1937

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735 Harford Ave

20. FILED ..... 19..

B 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby. 21 . 1937

22. I HEREBY CERTIFY, That I attended deceased from November 7 1936 to Feby. 21 . 1937
I last saw him alive on Feby. 20 . 1937. Death is said to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Interstitial Nephritis	
Other contributory causes of importance:	
Arteriosclerosis	3 days

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Walter W. White Jr. M. D.

(Address) 2800 St Paul St

OCCUPATION is very important. See instructions on back of certificate.

F M 32698 Annie Kramer F 32698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 739 W Hamburg St., 21-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Annie Kramer

(a) Residence: No. 739 W. Hamburg St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Kramer

6. DATE OF BIRTH (month, day, year) 3-24-1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Wachsmuth

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Smith

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Gertrude Lemmerman

(Address) 1405 N. Montford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 2/24/37

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED ..... 19..... Registrar.

FEB 23 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937 to Feb 21 1937

I last saw h[illegible] alive on Feb 21, 1937. Death is said to have occurred on the date stated above, at 5.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-17-37

Other contributory causes of importance:

Cerebral Thrombosis 4 mos.

Arteriosclerosis Multiple

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Findings Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Louis J Lewy M. D.

(Address) 926 Washington Blvd

OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. B 1268-9

32699

HEALTH DEPARTMENT—CITY OF BALTIMORE 32699

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 Duker Ct. St., 3-27-131 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard Seyfert

If U. S. Veteran specify WAR .....

(a) Residence: No. 814 Duker Ct. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Jan 15 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (relief) 0 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Bernard

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Reindl

(Address) 8050 Modin Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Co Date Feb 23, 1937

19. UNDERTAKER Chas. L. Francis

(Address) 801 Monument Ave

20. FILED ..... 19 ..... Registrar

(City)

FEB 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest from final that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Chronic nephritis	

Other contributory causes of importance:

Uraemia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. W. Wright, M. D.

(Address) 1010 S. Ellwood Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 32700 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32700

CERTIFICATE OF DEATH

131

Registered No. 47-18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3210 Belvedere Ave. Ward 8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 11 mos. 10 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Priscella Tinsley

If U.S. Veteran specify WAR —

(a) Residence: No. 3210 Belvedere Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Tinsley

6. DATE OF BIRTH (month, day, year) Mar. 10-1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Moses Johnson

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Sarah Logan

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Miss Margaret Johnson

(Address) 3210 Belvedere Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 2-23-37

19. UNDERTAKER: C. J. B. Hilpert & Son.

(Address) 1300 Eutaw Place.

FILED FEB 23 1937 [illegible] Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19-37

22. I HEREBY CERTIFY, That I attended deceased from for about 2 months, 1937

I last saw him alive on 2/14, 1937. Death is said to have occurred on the date stated above, at 10:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	8 to 3
Chronic nephritis	1 "

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Henry Tyrell, M. D.

(Address) 3402 Greenmount Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 32701

F 32701

Registered No. 82-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Ida M Stevens

If U.S. Veteran specify WAR

(a) Residence: No. Unknown St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 21, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Howard Stevens

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Adeline Kissner

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs Lorraine Stevens
(Address) 3705 Woodbine Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park. Date 2-20-37

19. UNDERTAKER John Wm. Frost
(Address) Forest Glen Md

20. FILED Feb 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1937 to Feb 21, 1937

I last saw her alive on Feb 21, 1937. Death is said to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis	2-1937

Other contributory causes of importance:
Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? C. L. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Hugh C. Iglehart, M. D.

(Address) Church Home & Infirmary

OCCUPATION is very important. See instructions on back of certificate.

32702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 32702

93-C

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 N. Milton Ave. Street) 7-3 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Siegel

If U.S. Veteran specify WAR .....

(a) Residence: No. 708 N. Milton Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Siegel

6. DATE OF BIRTH (month, day, year) Sept. 12, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town)..... (State or country) Germany

FATHER

13. NAME John Tostman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Mamie Clampett

(Address) 3407 Dudley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 2/27/1937

19. UNDERTAKER John Ulmis

(Address) 2108 Brown St

FEB 23 1937 [illegible] Registrar, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from FEB 19, 1937, to FEB 21, 1937

I last saw ... alive on FEB 21, 1937. Death is said to have occurred on the date stated above, at 1-P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic	
pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Lewis Fisher, M. D.

(Address) 1823 N. Wood St.

32703 E 32703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 S. Charles St. St., 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ---- mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Edward Williams or Albert N. Stedman. If U. S. Veteran specify WAR ...

(a) Residence: No. 810 S. Charles St. St., ... Ward. ... (If non-resident, give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Do not know.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	61	----	--------	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Joseph Zito.

(Address) 810 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Cedar Hill Date 2-23rd 1937

19. UNDERTAKER Bernard E. Hasle

(Address) 31 E. West St

Registered FEB 23 1937

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 18, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis.	
Acute dilatation of the heart	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) [signature] M. D.

Coroner

(Address) 1017 S. Charles St. 2/22/37

State CAUSE OF DEATH in plain words. See instructions on back of certificate. OCCUPATION is very important.

F 32704

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32704

#21139

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 5-Wards

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Parker

(a) Residence: No. 1410 N. Mount St. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas

6. DATE OF BIRTH (month, day, year) 9/22/1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	4	27.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME Samuel Cooper

14. BIRTHPLACE (city or town) ? (State or country)

MOTHER

15. MAIDEN NAME Eleanor Dorsey

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date Feb 23 1937

19. UNDERTAKER Robt R Williams (Address) 5-15 McCulloh St

20. FILED FEB 23 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-19-1937

22. I HEREBY CERTIFY, That I attended deceased from 2-16-1937 to 2-19-1937

I last saw her alive on 2-19-1937 Death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular Renal Disease	Unk

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) [illegible] M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 32705

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32705

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 634 W. Mulberry St. 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Smith

If U.S. Veteran specify WAR ...

(a) Residence: No. 634 W. Mulberry St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

MOTHER FATHER

13. NAME Virgle Nichols

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Ann Driver

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT James Nichols

(Address) 634 W Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 2/24/ 1937

19. UNDERTAKER Mrs Frances A Hemsley

(Address) 534 W. Biddle St

20. FILED ... 19 ... Registrar

FEB 23 1937 Huntington Millwood, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/20 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1937 to Feb. 20, 1937.

I last saw h alive on Feb. 20 . 1937. Death is said to have occurred on the date stated above, at 8p' m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) C. M. Pirtle M. D.

(Address) 1536 W Lanvale St

OCCUPATION is very important. See instructions on back of certificate.

F 32706 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32706

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 656 Bradley St 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Clark

If U.S. Veteran specify WAR

(a) Residence: No. 658 Braddley St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec, 16, 1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Alfred Clark

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Martha Richardson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Alfred Clark

(Address) 1009 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge Md Date 2/24/ 1937

19. UNDERTAKER Mrs Frances A Hemsley

(Address) 578 W. Biddle St.

FILED 2 23 1937 Registrar Filmore Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 17 1937 to Feb 21 1937

I last saw her alive on Feb 21 1937 Death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary TB

Date of onset June 1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Kelly Longcope M. D.

(Address) 16 E Lexington

OCCUPATION is very important. See instructions on back of certificate.

F 32707

F 32707 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1323 N. Mount St. 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Charles Harrison Dawson

If U. S. Veteran specify WAR World War

(a) Residence: No. 1323 N. Mount St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine Dawson

6. DATE OF BIRTH (month, day, year): Jan 26. 1889

7. AGE: Years 48 | Months 0 | Days 24 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter-Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0070

10. Date deceased last worked at this occupation (month and year): Feb. 15. 37

11. Total time (years) spent in this occupation: "

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: James H. Dawson

14. BIRTHPLACE (city or town) (State or country): Fredericksburg Va

MOTHER

15. MAIDEN NAME: Henrietta Curtis

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT (Address): Catherine Dawson. 1323 N. Mount

18. BURIAL, CREMATION, OR REMOVAL

Place: U.S. National Date: 2/24/37. 19

19. UNDERTAKER (Address): Mrs. Geo. Dill Holland 1431 Druid Hill Ave

FILED FEB 23 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 20. 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16. 1937 to Feb 20 1937

I last saw him alive on Feb. 19 1937. Death is said to have occurred on the date stated above, at 2 05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Febrile 15 – 1936 ⟷	
Broncho Pneumonia	
(b) contributory causes of importance Re-infection Influenza	

Was an operation performed? no Date of .....

For what disease or injury? -

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. H. Wright M. D.

(Address) 1209 Pennsylvania Ave

OCCUPATION is very important. See instructions on back of certificate.

32708 HEALTH DEPARTMENT—CITY OF BALTIMORE E 32708

325

V108

CERTIFICATE OF DEATH

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 16-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Scott

If U. S. Veteran specify WAR .....

(a) Residence: No. 606 N. Carrollton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 17, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Alton Scott

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Catherine Blackwell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemetery Date Feb 23 1937

19. UNDERTAKER Mrs. Geo. F. Holland

(Address) 637 Druid Hill Ave

20. FILED ..... 19 ..... Registrar.

FEB 23 1937 ..... Washington Ave, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1937 to Feb. 20, 1937

I last saw him alive on Feb. 20, 1937. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia.	2-11-37
Empyema	2-17-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. C. Stafford Jr M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

Richard Benson

F 32709

32709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 2 mos 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Benson

(a) Residence: No. Cockeysville, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Nov. 25, 1918

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cockeysville, Md.

FATHER

13. NAME Emory W. Benson

14. BIRTHPLACE (city or town) (State or country) Cockeysville, Md.

MOTHER

15. MAIDEN NAME Janet Redcord

16. BIRTHPLACE (city or town) (State or country) Redcord, Harford Co, Md.

17. INFORMANT Emory W. Benson
(Address) Cockeysville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Jessops Cockeysville Date Feb. 26 1937

19. UNDERTAKER Wm C. Brooks & Son
(Address) Sparks, Md.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/25 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-1-36 19 to 2/25 1937

I last saw h alive on 2-23 1937. Death is said to have occurred on the date stated above, at 1:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma Lymphatics Lung	11-27-36
Other contributory causes of importance:	

Was an operation performed? Date of 1-8-37

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.
(Address) University Hospital

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

32710 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32710

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2935-Westwood ave Ward) 6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary F. Wilhelm

If U. S. Veteran specify WAR

(a) Residence: No. 2935-Westwood ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, ~~widowed, or divorced~~ of (or) WIFE of Samuel F Wilhelm

6. DATE OF BIRTH (month, day, year) Dec 31-1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Nicholas C. Mays.

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Wilhelm

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Samuel F. Wilhelm
(Address) 2935-Westwood ave

18. BURIAL, CREMATION, OR REMOVAL
Forest-Balto Co Date 2-24-37

19. UNDERTAKER Edw C Tipton
(Address) Hampstead, Md

20. FILED FEB 23 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1934, 19 to Feb 22nd, 1937

I last saw her alive on Feb 22nd, 1937. Death is said to have occurred on the date stated above, at 5:15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
arterio-Sclerotic heart with Dilatation & Myocardit	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Jas P. Boyle M. D.

(Address) 3145 W North Ave

OCCUPATION is very important. See instructions on back of certificate.

32711 HEALTH DEPARTMENT—CITY OF BALTIMORE 32711

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3205 Walbrook Ave. St. 15-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ruth Loane Blaney

(a) Residence: No. 3205 Walbrook Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ********

6. DATE OF BIRTH (month, day, year) Sept. 17, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME Walter Blaney

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

MOTHER

15. MAIDEN NAME Nellie Loane

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

17. INFORMANT Miss Catherine K. Blaney
(Address) 3205 Walbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Park Cem. Date Feb 23 37

19. UNDERTAKER Wm. J. Tuckner & Son
(Address) Wash. & Pt. Ave.

20. FILED FEB 23 1937 19 Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1936 to FEB 20, 1937

I last saw her alive on FEB 20, 1937 Death is said to have occurred on the date stated above, at 7.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
HYPERTENSION, CAUSE UNKNOWN	UNKNOWN
Other contributory causes of importance: CEREBRAL HEMORRHAGE	FEB. 17

Was an operation performed? NO Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? CLIN. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) C. W. Stegemann M. D.

(Address) 8 East Read St.

OCCUPATION is very important. See instructions on back of certificate.

F 32712

32712 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1918 Ruxton Ave St. 15-44 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residenre in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rev. David D. Pyle

If U. S. Veteran specify WAR .....

(a) Residence: No. 1918 Ruxton St., ... Ward. .....

(Usual place of abode) (If non-resident give rity or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Josephine A. Pyle

6. DATE OF BIRTH (month, day, year): July 8, 1861

7. AGE — Years: 75 Months: 7 Days: 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year): 1920

11. Total time (years) spent in this occupation: 1918

12. BIRTHPLACE (rity or town) (State or country): Kingsport Penn

FATHER

13. NAME: Wm Pyle

14. BIRTHPLACE (rity or town) (State or country): Pa.

MOTHER

15. MAIDEN NAME: Reanna Cox.

16. BIRTHPLACE (rity or town) (State or country): Penn

17. INFORMANT: Mrs Josephine Pyle

(Address) 1918 Ruxton Ave.

18. BURIAL, CREMATION, OR REMOVAL — Place: Woodlawn Cem. Date: Feb 24 1937

19. UNDERTAKER: Wm Pickup Sons

(Address) Govd & Calvert.

20. FILED FEB 23 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 22. 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1- 1936 to Feb. 22- 1937

I last saw him alive on July 20 1936 Death is said to have occurred on the date stated above, at 5.07 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis General and cerebral with heart insufficiency - Uric & cerebral Hemorrhage. Medical	

Other contributory causes of importance:

declined over a period of about five years. Cert. filed Feb. 25 & 26-37.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... (.....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external rauses (violence) fill in also the following:

Accident, suicide, or homiride? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify rity or town, county, and State)

Specify whether injury occurred in industry, in home, or in publir place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hyslop Cole M. D.

(Address) 2202 Garrison Blvd

OCCUPATION is very important. See instructions on back of certificate.

32713

F 32713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1406 N Montford Ave., 8-4 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ellen L. Leahill

(a) Residence: No. 1406 N Montford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 3rd 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Hugh D. Leahill

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mildred Sass.

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hugh D. Leahill
(Address) 1406 N Montford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Newbaths Date Feb 23 1937

19. UNDERTAKER Lee & Lewis
(Address) 1703 N Patterson Park Ave

20. FILED ... 19 ... Registrar

FEB 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22 37

22. I HEREBY CERTIFY, That I attended deceased from Feb 19 37 to Feb 22 37 19 ... I last saw h... alive on Feb 22 37 19 ... Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2-19-37

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) ... M. D.

(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

V 953

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32714

CERTIFICATE OF DEATH

✓ 82 F 32714

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 N. Hilton St. 50-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bernard Hess

If U.S Veteran specify WAR .....

(a) Residence: No. 108 N. Hilton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Phila Pa.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Phila Pa

17. INFORMANT J. A. Savage

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Suburban Date 2/25/37

19. UNDERTAKER Jack Funeral Home

(Address) 1439 E. Baltimore St

20. FILED 23 1937 Huntington Williams, M.D. Registrar.

OCCUPATION IS VERY Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/22 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/1 1937 to 2/22 1937

I last saw him alive on 2/21 1937. Death is said to have occurred on the date stated above, at 1255 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/37
Other contributory causes of importance: —	

Was an operation performed? — Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 ....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. H. Carter M. D.

(Address) 2145 N. Balto St

F 32715

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32715

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4651 Falls Rd St. 27-4th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Glendora D. Neal

If U. S. Veteran specify WAR .....

(a) Residence: No. 4651 Falls Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	col	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Mar 16, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Samuel William

14. BIRTHPLACE (city or town) (State or country) Towson Md

MOTHER

15. MAIDEN NAME Francis Neal

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Francis Neal

(Address) Towson Md

18. BURIAL, CREMATION, OR REMOVAL Pleasant Rest Date 2/23 1937

19. UNDERTAKER Bernard O. Hemaley

(Address) 818 Druid Hill Ave

20. FILED FEB 22 1937 Harrington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/22 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1937 to Feb. 20, 1937

I last saw h— alive on Feb 19, 1937. Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L. A. Johnson M. D.

(Address) 2329 Guilford Ave.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

32716 CERTIFICATE OF DEATH 131 F 32716

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E. Coulter — If U.S. Veteran specify WAR

(a) Residence: No. 2721 E. Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Evelyn J. Coulter

6. DATE OF BIRTH (month, day, year): Oct 16 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Monumental

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 6 months

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Edgar Coulter

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Mary Albin

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Evelyn J. Coulter (Address) 2721 E. Monument St

18. BURIAL, CREMATION, OR REMOVAL. Place: Parkwood Mem Date: 2/25/37

19. UNDERTAKER: Philip J. Hennig Sons (Address) 2016 Orleans St

20. FILED: Huntington Baltimore, Md. FEB 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 22 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 13 1937 to Feb. 22 1937

I last saw h. alive on Feb 22 1937. Death is said to have occurred on the date stated above, at 4 05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Hypertension	Sept. 36
	1 mo
Other contributory causes of importance: Uremia	2 wks

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Exp Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benj. H. Isaacs M. D.

(Address) St. Joseph's Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F32717

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F32717

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2405 E. Biddle St. 8-B Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence In city or town where death occurred Life yrs. mos. ds. How long In U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie E. Fuss

(a) Residence: No. 2405 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard C. Fuss

6. DATE OF BIRTH (month, day, year) July 25 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Samuel Fuss

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Hester

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Richard C. Fuss
(Address) 2405 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem Date 2/25/37

19. UNDERTAKER Philip Herwig Sons
(Address) 2016 Eutaw St

FILED FEB 23 1937 Wilmington Wilmington, N.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 1935 to Feb 22 1937

I last saw her alive on Feb 22 1937. Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	1935
Chr. Nephritis	1935
Uremia — Feb 22 —	1937

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Abram J. Kirschman M. D.

(Address) 350 Fall Ave

OCCUPATION is very important. See instructions on back of certificate.

F 32718

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32718

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 4-2 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred J life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Vernon J Russell

(a) Residence: No. 783 W. Saratoga St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-21-1917

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	19	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Isaac Russell

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Feb. 26, 1937

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

Huntington Williams, Reg.

Registrar.

2-27-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1937 to Feb 22, 1937.

I last saw h[im] alive on Feb 22, 1937. Death is said to have occurred on the date stated above, at 9:50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Unknown
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Drew H. Feldman, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 32719 Sp... P. Co.—1000 Bks.

F 32719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-a

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 840 W. North ave. ST. 13 WARD)

2-FULL NAME Catherine E. Christopher

(a) RESIDENCE. NO. 840 W. North ave ST.. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert V. Christopher

6 DATE OF BIRTH (month, day, and year) July 28, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
68		0 6	0 25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) New York.

PARENTS

10 NAME OF FATHER James Conegys

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York.

14 Informant Robert V. Christopher

(Address)

15 Filed FEB 23 1937 Registrar W. H. Brown.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 23 1937

17 I HEREBY CERTIFY, That I attended deceased from Feb. 21 . 1937 . to Feb. 23 . 1937 . that I last saw h[illegible] alive on Feb. 23 . 1937 . and that death occurred, on the date stated above, at 4.15 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchi-pneumonia

(duration) 0 yrs. 3 mos. 0 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis? Examination

(Signed) Charles L. Nestadt, M. D.

, 19 (Address) 1730 Linden ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Danbury Conn.

DATE OF BURIAL Feb 26 1937

20 UNDERTAKER Robert W Beregoy

ADDRESS 440 E North ave

CAUSE OF DEATH to be given in plain terms, so that it may be properly CODED. TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

32720

HEALTH DEPARTMENT--CITY OF BALTIMORE

F 32720

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2937 N Calvert St., 12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nancy Melissa Fargo

(a) Residence: No. 2937 N. Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 10, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Asa Bishop Fargo

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Henrietta Kent

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Rommell Fargo

(Address) 2937 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb. 24, 1937

19. UNDERTAKER Geo. Schilling & Sons

(Address) Monument & Edgewood Sts

FEB 25 1937

20. FILED ....., 19.. Huntington Williams, Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1936 to Feb 22, 1937

I last saw her alive on Feb 22, 1937. Death is said to have occurred on the date stated above, at 12:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic heart disease	1936
Chronic Nephritis	1936

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fritz & Hinzey M. D.

(Address) 2700 Harford Ave

F 32721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-F 32721

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2838 Hudson St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Susie A. Fowler

(a) Residence: No. 2838 Hudson St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry E. Fowler

6. DATE OF BIRTH (month, day, year) Dec 15 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80 81	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Jan 1937

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Frankinville Cabell Co.

FATHER

13. NAME Wm H. Trowbey

14. BIRTHPLACE (city or town) (State or country) Cabell Co.

MOTHER

15. MAIDEN NAME Sarah Swayne

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Wm H. Fowler.

(Address) 2925 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 2/24 1937

19. UNDERTAKER J. Hergann & Son

(Address) 22 Broadway

20. DATE RECEIVED 1937 Clayton Hillman, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1937 to Feb 21 1937

I last saw her alive on Feb 20 1937 Death is said to have occurred on the date stated above, at 7:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Chr. Myocarditis	
Myocardial Failure	Feb 10.

Other contributory causes of importance:

None

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. A. Schminck, M. D.

(Address) 842 S. East Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 32722

32722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3408 Harford Ave. St., 27-1 Ward)

Length of residence in city or town where death occurred 87 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. Lindeman

(a) Residence: No. 3408 Harford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosina Hofmeister

6. DATE OF BIRTH (month, day, year) July 30. 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired - Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wtch

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) not Known Germany

17. INFORMANT Mrs. Sophie L. French

(Address) 3408 Harford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Cemetery Date Feb 24 1937

19. UNDERTAKER Ellis S. White

(Address) 2554 Madison Ave

For the following Physician, M.D.

20. FILED ... Registrar.

FEB 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1936 to Feb 22 1937

I last saw him alive on Feb 21 1937. Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1936
Uremia Coma	Feb 1937
Other contributory causes of importance;	
Hypertrophied Heart	1935
Arteriosclerosis	1930

Name of operation ... Date of ...

What test confirmed diagnosis? C Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Ellis S. Whitelaw M. D.

(Address) 2238 Harford Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32723 F 32723

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

139c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womans Hospital 8-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Ethel A. Shipley

(a) Residence: No. 1615 E. 25th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced (HUSBAND) of (or) WIFE of William Shipley

6. DATE OF BIRTH (month, day, year) Jan 16, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	30	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woolworth Co Dining Room

10. Date deceased last worked at this occupation (month and year) Jan 8, 1937

11. Total time (years) spent in this occupation 1 yr.

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Edward B. Huffman

14. BIRTHPLACE (city or town) (State or country) Pawpaw W. Va.

MOTHER

15. MAIDEN NAME Julia Wisner

16. BIRTHPLACE (city or town) (State or country) Pawpaw W. Va.

17. INFORMANT Mrs Katherine Lopka
(Address) 1617 E. 25th St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 24, 1937

19. UNDERTAKER Mr & Mrs. John W. Riefler & Son
(Address) 801 W. Fayette St

Huntington West Virginia

20. Filed FEB 23 1937

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1937 to Feb 21, 1937

I last saw h[illegible] alive on Feb 21, 1937 Death is said to have occurred on the date stated above, at 10-35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	Feb 19, 37
Myocardial failure.	" 21, 37

Other contributory causes of importance:

Shock, Post-operative

Was an operation performed? Yes. Date of Feb 15, 1937

For what disease or injury? Endometrial Cyst

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Allen Dzekent M. D.

(Address) 1123 St Paul St.

M. D. B 1268-9

32724 F 32724

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1716 E. Pratt St. 2-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary L. Dolan

If U. S. Veteran specify WAR .....

(a) Residence: No. 1716 E. Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: X

6. DATE OF BIRTH (month, day, year): Jan 4 1878

7. AGE — Years: 59 | Months: 1 | Days: 18 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Bel Md

FATHER

13. NAME: Michael

14. BIRTHPLACE (city or town) (State or country): Bel Md.

MOTHER

15. MAIDEN NAME: Mary Connolly

16. BIRTHPLACE (city or town) (State or country): Bel Md.

17. INFORMANT: Stella Dolan

(Address): 31 N. Marley Ct.

18. BURIAL, CREMATION, OR REMOVAL: Md

Place: Holy Cross Date: Feb 25 1937

19. UNDERTAKER: Martin W. C. Diffpl

(Address): 37 S Ann St.

20. FILED FEB 23 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, find that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. A. Wright Coroner, M. D.

(Address) 1010 S. Ashland Ave.

V S 6 OCCUPATION is very important. See instructions on back of certificate.

F 32725

F 32725 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-13

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 2830 Hudson Street. (St.) 1-1 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Thomas Gough.

(a) Residence: No. 2830 Hudson St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna [illegible]. Gough.

6. DATE OF BIRTH (month, day, year) Sept. 16th. 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired 1906

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md,.

FATHER

13. NAME within

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Hannah Price

16. BIRTHPLACE (city or town) (State or country) Harford Co Md.

17. INFORMANT Mr. Frank Gough.
(Address) 2830 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cemetery. Date 2-23-37.

19. UNDERTAKER Wendell E. Humphreys.
(Address) 1501 N. Broadway.

20. FILED 2-23-1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-20-37. 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1937 to Feb 21 1937
I last saw h[illegible] alive on Feb 21 1937 Death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

ERYSTALSIS reversed peristalsis for intestinal obstruction

Date of onset

Other contributory causes of importance: Broncho pneumonia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W. W. Wright M. D.

(Address) 1010 S Ellwood Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 32726

32726 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 34-B-131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 525 So. Greene St. 22 Ward) 2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Geneva Day

(a) Residence: No. 525 So. Greene St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

6a. If married, widowed, or divorced (or) WIFE of Owen Day

6. DATE OF BIRTH (month, day, year) 1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40 41	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser 069

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dress makers

10. Date deceased last worked at this occupation (month and year) — 1931

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Durham N. C.

FATHER

13. NAME Hardy Patterson

14. BIRTHPLACE (city or town) (State or country) Durham N. C.

MOTHER

15. MAIDEN NAME Francis Patterson

16. BIRTHPLACE (city or town) (State or country) — N. C.

17. INFORMANT Owen Day (H)
(Address) 525 - So. Greene

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 2/23/37 19

19. UNDERTAKER Chas. F. Cooper
(Address) 314 N. Calhoun St.

2 23 1937 Huntington W. Virginia

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2.21.37. 19

22. I HEREBY CERTIFY, That I attended deceased from 2.13.37. 19... to 2.20.37. 19...

I last saw her alive on 2.20.37 19... Death is said to have occurred on the date stated above, at 11:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
aneurysm abdominal aorta	?
cardio-renal-vascular disease	?
ruptured aneurysm aorta	2.20.37

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis? Phy Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) James M. Fair M. D.

(Address) 865 N. Kenyon

Spec.—9 30—A. & Co.—250 Bks.

F 32727 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-a F 32727

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq Hosp ST 30-3 WARD)

2-FULL NAME John Shelton

(a) RESIDENCE NO. 1930 Wilkens Av. ST.. WARD
(Usual place of abode) ~~Franklin Square Hospital~~ (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 20th 36

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		11	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Arlington Shelton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Florence Thomp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Arlington Shelton
(Address) 1930 Wilkens Av

15 Filed FEB 23 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH X

16 DATE OF DEATH (month, day, and year) 2/22/37

17

I HEREBY CERTIFY, That I attended deceased from 1/9/, 1937, to 2/22/, 1937

that I last saw h[illegible] alive on 2/22/, 1937

and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X-Ray.

(Signed) Abraham A. Levine M. D.

19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem

DATE OF BURIAL: Feb 25th 1937

UNDERTAKER: R Jones

ADDRESS: 111 S. Gilmor St

TION is very important. See instructions on back of certificates.

32728 F 32728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. 6-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 N Dallas St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Effie Hunter

(a) Residence: No. 104 N Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) About 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unk

14. BIRTHPLACE (city or town) (State or country) Unk

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Unk

17. INFORMANT Benj Hunter
(Address) 104 N Dallas ST

18. BURIAL, CREMATION, OR REMOVAL
Pl[illegible] HOPKINS MEDICAL SCHOOL FEB 23 1937 19
COMMISSIONER OF [illegible]

19. UNDERTAKER For H. A. Moore
(Address)

20. FILED [illegible] 19 [illegible] Registrar.

FEB 23 3009

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7, 19 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Tuberculosis	About Dec 25 1936
Phthisis	

Other contributory causes of importance: None

Was an operation performed? None Date of

For what disease or injury? None

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) [illegible] M. D.
Coroner

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

F 32729

32729

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Church

(a) Residence: No. 1042 West Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-11-37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			4 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Jesse Church

FATHER

13. NAME Jesse Church

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Louise Moody

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date FEB 23 1937, 19
Commissioner of Health
WERNER STEINBERG, M. D.
Per M. A. Moore
19. UNDERTAKER
(Address)
23 1937 Huntington Williams, M.D. Registrar.
3010

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-11, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Yuresen, M. D.

(Address) The Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

32730 F 32730

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.....

CITY OF BALTIMORE: (No. 10-2 St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Donald Williams

If U. S. Veteran specify WAR .....

(a) Residence: No. 811 Somerset St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 1-37

7. AGE Years	Months	Days 17	If LESS than 1 day, ... hrs. or ..... min.
	1	6 weeks	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md -

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Alzada Williams

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records - (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date FEB 23 1937

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED FEB 23 1937 Registrar.

No. 3011 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1937 to Feb 18, 1937.

I last saw him alive on Feb 18, 1937. Death is said to have occurred on the date stated above, at 1:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	0
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Palmer H. Findeman M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

32731

F 32731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16W-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 Gough St. St. 2-2nd Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Kowalczyk

(a) Residence: No. 1803 Gough St. (Usual place of abode) St., ... Ward. ... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 2/20/27

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Walter Kowalczyk

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Ethel Mylanowska

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Walter Kowalczyk

(Address) 1803 Gough St

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date 2-23-27, 19

19. UNDERTAKER Mary A. Yeo

(Address) 1 Chester St.

23 1931 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/20/1927

22. I HEREBY CERTIFY, That I attended deceased from 2/20 1927 to 2/22 1927

I last saw h... alive on 2/20 1927. Death is said to have occurred on the date stated above, at 8 20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage	

Other contributory causes of importance:

Postnatal Pneumonia	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) L. Leyko, M. D.

(Address) 2421 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

F 32732

32732

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 173

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. West Baltimore General Hospt 15-4 Ward)

2-FULL NAME Mary E. Viel

(a) RESIDENCE NO. # 1668 W. North Ave, St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. 10 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
female	white	divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Theodore Viel

6 DATE OF BIRTH (month, day, and year) April 2, 1899

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
37	10	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work house work
(b) General nature of industry, business, or establishment in which employed (or employer) 0037
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George T. McAleer

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Penna

12 MAIDEN NAME OF MOTHER Birtha Kemp

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

14 Informant Mr George T. McAleer
(Address) 19 Calverton Road.

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 / 22/ 193

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above. 5:27 a.m.

The CAUSE OF DEATH* was as follows: Hypostatic Pneumonia Internal Hemorrhage Bullet wound through lung

(duration) yrs. mos. d.

CONTRIBUTORY (Secondary) Homicide

(duration) yrs. mos.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes Autopsy.

What test confirmed diagnosis?

(Signed) John J. Cowan M.D.

19 21 (Address) Baltimore Md.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL 2/ 24/ 193

20 UNDERTAKER John J. Cowan & Son

ADDRESS 901 Holl

tion should be carefully supplied. Any error should be corrected. Exact statement of OCCUPATION is very important. See instructions on back of certificate. OF DEATH in plain terms, so that it may be properly classified.

2 25 1931 14

F 32733

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32733

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 810.N Lakewood Ave St. 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles F Hoey.

(a) Residence: No. 810.N.Lakewood Ave. St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian C Hoey

6. DATE OF BIRTH (month, day, year) Aug 1884.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electeical machenist.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John G Hoey

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Henrietta Graser.

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Lillian C Hoey (Wife).
(Address) 810 N Lakewood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemt Date Feb.24 1937

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 40-3 W Mulberry

20. Filed FEB 26 1937 Harrington Matthews, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb.20 1937

22. I HEREBY CERTIFY, That I attended deceased from FEB 20 1935 to FEB 20 1937 and last saw h..... alive on FEB 20 1937 Death is said to have occurred on the date stated above, at 7 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a cute dilatation of heart	2/20/37
Other contributory causes of importance: Chronic Endocarditis	2/20/35

Was an operation performed? No Date of X X X X

For what disease or injury? X X X X Date of X X

Name of operation X X X X Was there an autopsy? No

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury X X 19XX

Where did injury occur? X X X X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X X X X

Manner of injury X X X X

Nature of injury X X X X

24. Was disease or injury in any way related to occupation of deceased? X X If so, specify

(Signed) Otto H Decker M. D.

(Address) 928 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

F. 32734

32734

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 N Mount St., 19-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Evelyn Dunn

(a) Residence: No. 110 N Mount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Callie Dunn

6. DATE OF BIRTH (month, day, year) Feb 15-1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jacksonville NC

FATHER

13. NAME Lucky Smith

14. BIRTHPLACE (city or town) (State or country) Jacksonville NC

MOTHER

15. MAIDEN NAME Carrie Rhoades

16. BIRTHPLACE (city or town) (State or country) Maysville NC

17. INFORMANT Callie Dunn

(Address) 110 n mount st

18. BURIAL, CREMATION, OR REMOVAL

Place Winston, NC Date Feb 23, 1937

19. UNDERTAKER McKathy R. Williams

(Address) 322 E. Lombard St.

Baltimore, Md.

20. FILED 19 Registrar.

23 1931

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22 . 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Lobar Pneumonia	Dec 30 1936
Phthisis	

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Geo. J. Allen M. D.

(Address) Coroner's Office

O.K. Paul Schreiber, M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 32735 — 186-a — F 32735

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St. 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Andrew Kestler

(a) Residence: No. 1009 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M. Kestler

6. DATE OF BIRTH (month, day, year) Dec 16 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Trinity Lutheran Church

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Kestler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Anna Nebe

(Address) 1009 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Luth. Date 2/24/37

19. UNDERTAKER Philip Sterling Sons

(Address) 2116 Eutaw St

20. FILED FEB 23 1937 Lington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1937 to Feb. 21, 1937

I last saw him alive on Feb. 21, 1937 Death is said to have occurred on the date stated above, at 2:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Fracture of left ilium	2/14/37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide, or homicide~~? Date of injury Feb. 14 1937

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Fell from flight of 10 steps

Nature of injury Fracture left ilium

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Employed by Church where accident occurred

(Signed) Samuel H. Belgorod M. D.

(Address) Sinai Hospital

(over)

OCCUPATION is very important. See instructions on back of certificate.

32736 ✓ 32736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

123

Registered No. .....

1. PLACE OF DEATH Hopkins Apartments

CITY OF BALTIMORE: (No. St. Paul & 31st St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 3 mos. 5 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Matilda C. Taylor

(a) Residence: No. St. Paul & 31st St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Allen M. Taylor

6. DATE OF BIRTH (month, day, year) Nov. 16, 1858

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
78	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME James E. ------

14. BIRTHPLACE (city or town) ------
(State or country) Scotland

MOTHER

15. MAIDEN NAME ----------

16. BIRTHPLACE (city or town) --------
(State or country) Ireland

17. INFORMANT Mrs. Edna T. Austin
(Address) St. Paul & 31st Sts.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 2/24 1937

19. UNDERTAKER Henry W. Myers & Son
(Address) 508 N. Calvert St.

20. FILED 19 Registrar.

2 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2. 21. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12 1937 to Feb. 21 1937

I last saw h.. alive on Feb. 21 1937 Death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	5 yrs.
Other contributory causes of importance: Intestinal paresis	3 days

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) James C. Clark M. D.

2.23.37 (Address) Greenway Apts

Spec.—1-10 21—M&T—1500 Bks.

F 32737 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107 F 32737

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 St. Albans Way ST. 27-12 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Elizabeth Frances Hastings on a visit

(a) RESIDENCE NO. 112 St. Albans Way ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced (or) WIFE of: George Hastings

6 DATE OF BIRTH (month, day, and year): Sept. 26, 1873.

7 AGE

Years	Months	Days	If LESS than 1 day, 6 hrs. or 25 min.
63	6	4	27

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): New Hampshire

PARENTS

10 NAME OF FATHER: John McLaughlin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Hannah Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs D. Perkins

(Address) 112 St Albans Way

15 Filed FEB 23 1937 19

16 Registrar: Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 23 1937.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1937. to Feb. 23 1937., that I last saw her alive on Feb. 23 1937., and that death occurred, on the date stated above, at 6[25] A.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Otis Tole, M. D.

2-23-1937 (Address) 6014 York Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Gloucester Mass.

DATE OF BURIAL: 2/23/37 19

20 UNDERTAKER: J J Fahey & Sons

ADDRESS: 138 Eight

CAUSE OF DEATH in plain terms, so that it may be properly coded. TION is very important. See instructions on back of certificates.

F 32738

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32738

CERTIFICATE OF DEATH

92-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4429 Parnell Ave St., 6-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Blanche E. Brooks.

If U. S. Veteran specify WAR .....

(a) Residence: No. 4429 Parnell Ave St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F m	W	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of William W. Brooks

6. DATE OF BIRTH (month, day, year) 3-10-1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George J. Hoegh

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Harriett E. T. Fichtner

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT William W. Brooks

(Address) 4429 Parnell Ave

18. BURIAL, CREMATION, OR REMOVAL

London Park Date 2/24 1937

19. UNDERTAKER Leonard Hunt

(Address) 5205 Harford Rd.

20. FILED ..... 19.... Registrar

FEB 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-21 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 14th 1936 to Feb 21 1937

I last saw her alive on Feb 21 1937 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococci Viridans	Oct 1936
Other contributory causes of importance: Endocarditis	1932

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward Bengtson M. D.

(Address) 1 W. Preston

OCCUPATION is very important. See instructions on back of certificate.

F 32739

F 32739 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 9-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 706—41st St St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary M. Johnson

If U.S. Veteran specify WAR

(a) Residence: No. 706-41st St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 4, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Harry Johnson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Rachel

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs. R. C. Russell

(Address) 706-41st St.

18. BURIAL, CREMATION, OR REMOVAL

Place Staunton Va. 2-24 1937

19. UNDERTAKER Francis A. Hemsley

(Address) 578 W Biddle St

Huntington Williams Reg.

Registrar

FILED FEB 24 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 8 1937 to Feb 23 1937

I last saw he alive on Feb 20 1937 Death is said to have occurred on the date stated above, at 7:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	Feb 22
Other contributory causes of importance: Hypertrophic arteriosclerosis	?
Chronic Hypertension	

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alvin B Lumsden M. D.

(Address) 718 N Fulton Ave

32740 F 32740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

#80842

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record.

2. FULL NAME George Despeaux

(a) Residence: No. 400 E. Lafayette St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/30/1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sign Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paper Hanger

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Joseph Despeaux

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Elizabeth Goss

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto. City Hospts

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Feb 24th 1937

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED 19 Registrar

FEB 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-22-1937

22. I HEREBY CERTIFY, That I attended deceased from 2-7-1937 to 2-22-1937

I last saw him alive on 2-22-1937 Death is said to have occurred on the date stated above, at 3:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Unk
Arteriosclerotic Heart Dis.	Unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Ramey M.D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 32741

32741 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospital St., 12-6 Ward)

Registered No. 54

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Rubyrd Thompson If U. S. Veteran specify WAR No Record

(a) Residence: No. 2530 N. Charles St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of "

6. DATE OF BIRTH (month, day, year) June 8 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Motors

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6 mo

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry S. Thompson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Ella L. Tyndell

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Ella Thompson 2530 N. Charles St.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Feb 24th 1937

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED FEB 24 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry) to ... death on the day stated above. 9:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) C. Ham Cranor M. D. Coroner

(Address) 216 Hanover

Revised 1936 OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 32742

32742 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 739 N. Fulton Ave. Ward) 24 b 3

Registered No. 1644a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geraldine C. Henderson If U. S. Vet. specify WAR No Record

(a) Residence: No. 739 N. Fulton Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Charles W. Henderson

6. DATE OF BIRTH (month, day, year) Sept 25 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 7/36

11. Total time (years) spent in this occupation 8 mo.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Willie Wilson

(Address) 2915 Woodbrook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Feb 24 1937

19. UNDERTAKER Wm Cook

(Address) 1219 St Paul St

20. FILED Feb 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hemorrhage from Stomach	
2 Ulcer of Stomach	
3	
4	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 2/20, 1937

Where did injury occur? 739 N. Fulton Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Own home

Manner of injury Hemorrhage from Ulcer of Stomach

Nature of injury Kitchen stove

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Hans Corvus M.D.
Coroner

(Address) 1216 Hanover St

OCCUPATION is very important. See instructions on back of certificate.

V 56

FEB 24 1937

32743 E 32743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Brookfield Ave 3-22 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Etta Brenner

If U.S. Veteran specify WAR .....

(a) Residence: No. 2211 Brookfield Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) .....

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary, Dept

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jacob Brenner

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Lena —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT David Brenner

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL Place Herring Run Date 2/24/37

19. UNDERTAKER Levy Bros

(Address) 1739 E. Baltimore St.

20. FILED 2-24-1937 [illegible] for Williams MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-23-37 19

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1933, to Feb 23, 1937

I last saw her alive on Feb 23 1937 Death is said to have occurred on the date stated above, at 7 1/3 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma breast	April 1933
Metastases to bone and brain	1935
Other contributory causes of importance: Bronchopneumonia	Feb 21 '37

Was an operation performed? Yes Date of Apr 1933

For what disease or injury? Carcinoma breast

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alan Bernstein M. D.

(Address) 1207 Eutaw Place

M. D. R. 1268-3

32744

F 32744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1314 Mc Henry St St. 19-3 Ward)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 23 yrs. ..... mos. ..... ds.

2. FULL NAME Jovan ~~Joseph~~ Terzich

(a) Residence: No. 1314 Mc Henry St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ~~Milka~~ ~~Amelia~~ Terzich

6. DATE OF BIRTH (month, day, year) October ? 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	3	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R.

10. Date deceased last worked at this occupation (month and year) May 15, 1935

11. Total time (years) spent in this occupation 13, yrs

12. BIRTHPLACE (city or town) (State or country) YUGOSLAVIA ~~Czechoslovakia~~

FATHER

13. NAME Sava Terzich

14. BIRTHPLACE (city or town) (State or country) YUGOSLAVIA ~~Czechoslovakia~~

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) YUGOSLAVIA ~~Czechoslovakia~~

17. INFORMANT ~~Amelia~~ Milka Terzich

(Address) 1314 Mc Henry St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date Feb, 24, 1937

Hugh E. Walters

19. UNDERTAKER Robt C. & B. H. Walters

(Address) Pratt & Stricker Sts

20. FILED 1937 ..... Registrar

MEDICAL CERTIFICATE OF DEATH (21) X

21. DATE OF DEATH (month, day, year) Feb. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1937, to Feb 21, 1937

I last saw him alive on Feb 21, 1937. Death is said to have occurred on the date stated above, at 5.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1927
Other contributory causes of importance: Chronic Bronchitis	1927
Emphysema	1927
Pulmonary Oedema Influenza	2/17/37

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Nathan Rosen, M. D.

(Address) 206 S. Gilmor St

32745 F 32745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 760 Vine St. 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thos. Dorsey

(a) Residence: No. 760 Vine St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Sarah L. Dorsey

6. DATE OF BIRTH (month, day, year) 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71 yrs			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 107a

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Ephriam Dorsey

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Watkins

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Sarah L. Dorsey

(Address) 760 Vine Street

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date Feb. 24, 1937

19. UNDERTAKER Fred W. Keddell

(Address) 436 N. Eutaw St.

20. FILED ..... 19 ..... Registrar

FEB 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1937 to Feb. 21, 1937

I last saw h[e/i]m alive on Feb. 21, 1937 Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb. 19
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edw. J. Shelley, M. D.

(Address) 1320 Druid Hill Ave.

M. D. B 1268-9

F 32746

F 32746 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

144B-149a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bolton City Hospital St. 12-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Ida Morney

If U. S. Veteran specify WAR.....

(a) Residence: No. 2614 Hampden Ave St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

If married, widowed, or divorced HUSBAND of (or) WIFE of: George

6. DATE OF BIRTH (month, day, year): Jan 29. 1899

7. AGE: Years 37 | Months | Days 25 | If LESS than 1 day, ...hrs. or .....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Charles White

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Dora Appleby

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Hospital records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Hollywood Memorial Park Date Feb 25, 1937

19. UNDERTAKER: Ellsworth Co.

(Address) 3015 Greenmount Ave

20. FILED FEB 24 1937 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 22, 1937

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest found that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock & hemorrhage	
Premature separation of Placenta (full term)	
(Other) contributory causes of importance:	

Was an operation performed? yes Date of Feb 22 37

For what disease or injury?

Name of operation Caesarian Section Date of Feb 22 37

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. [illegible] Wright Coroner, M. D.

(Address) 1010 S. Ellwood Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

32747 F 32747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 Mc Elderry St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Williams

(a) Residence: No. 1616 Mc Elderry St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Williams

6. DATE OF BIRTH (month, day, year) ? 1917

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
20			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Samuel Tubbs

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sarah Mane

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Charles Williams

(Address) 1616 Mc Elderry

18. BURIAL, CREMATION, OR REMOVAL

Place Bolor Valley Va Date 2-26 1937

19. UNDERTAKER Lottie Gross

(Address) 1422 Ashland Ave

Huntington West Va

20. FILED FEB 27 1937

Registrar.

State CAUSE OF DEATH in plain language. OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1937, to Feb 22, 1937

I last saw her alive on Feb 22, 1937. Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/14/37
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Calvin B LeCompte, M. D.

(Address) 1113 N Caroline St

32748 F 32748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. 134 St., ... Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR W. W.

2. FULL NAME John R. Heflin

(a) Residence: No. 1516 Baldwin St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Catherine Heflin

6. DATE OF BIRTH (month, day, year) June 26, 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ironworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.P.A.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Warrenton
(State or country) Va.

FATHER

13. NAME James Heflin

14. BIRTHPLACE (city or town) Warrenton
(State or country) Va.

MOTHER

15. MAIDEN NAME Lillian Butler

16. BIRTHPLACE (city or town) Culpeper Co.
(State or country) Va.

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto National Cem Date 2/25 1937

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins sts

20. FILED ... 19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 21 1937 to February 22 1937

I last saw him alive on February 22, 1937. Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, right lung	Unknown
Abscess, left lung	2 yrs

Other contributory causes of importance:
Tuberculosis, pulmonary, chronic

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) T. M. Ellis Anderson M. D.

(Address) U.S. Marine Hospital

OCCUPATION IS VERY important.

F 32749

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32749

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Curiavan

If U.S. Veteran specify WAR —

(a) Residence: No. 913 Argyle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 11, 1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
15	16	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Josiah Chrystian

14. BIRTHPLACE (city or town) (State or country) St. Mary's Co Md

MOTHER

15. MAIDEN NAME Clara Jennifer

16. BIRTHPLACE (city or town) (State or country) Florida Va

17. INFORMANT Clara Jennifer
(Address) 913 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place MT CALVERY Date 2-24-37 19

19. UNDERTAKER J. M. SKINNER
(Address) 1120 DRUID HILL AVE

20. FILED FEB 24 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2. 21. 1937

22. I HEREBY CERTIFY, That I attended deceased from 2. 13. 1937 to 2. 21. 1937

I last saw him alive on 2. 21. 1937 Death is said to have occurred on the date stated above, at 8.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis,	1935?
Osteomyelitis, left foot	1933
Bronchopneumonia, tuberculous	2. 18. 37
Other contributory causes of importance:	
secondary anemia	1936?
osteomyelitis of left foot	1933

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) James D. Carr M. D.

(Address) 515 Madison St

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

Cor.—10-10-29—A Co.—100 Bks.

F 32750

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32750

CERTIFICATE OF DEATH

95-B

21-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. University Hospital St. Ward)

2-FULL NAME Ellen J. Machin

(a) RESIDENCE NO. # 1310 James St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. 2 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 13, 1919.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	17	2	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Isaac W. Machin

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Ellen J. Burnett

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

14 Informant Mr Isaac W. Machin
(Address) # 1310 James Street

15 Filed FEB 24 1937 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/ 21/ 1937

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Rheumatic Disease Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [signature] M. D.

, 19 (Address) 2757 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem,	2 /25/ 1937
20 UNDERTAKER	ADDRESS
John J. Cowan & Son	901 Holli

important. See instructions on back of certificate.

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32751

CERTIFICATE OF DEATH

95-2 F 32751

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 863 Vine St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Washington

(a) Residence: No. 863 Vine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col'd	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. Washington

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wales
(State or country)

FATHER

13. NAME ?

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Laura Washington
(Address) 863 Vine

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Cem Date Feb 24th, 1937

19. UNDERTAKER A. Jones
(Address) 111 S. Gilmor st

20. FILED FEB 24 1937 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/24/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1937 to Feb 24, 1937

I last saw h alive on Feb 24 1937. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Diseases of Heart	?
Pulmonary Edema	

Other contributory causes of importance:

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) A. Howard, M. D.

(Address) 937 W Fayette

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32752 F 32752

CERTIFICATE OF DEATH

107-a

Registered No. 24-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 DURST St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 7 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles ENDLEY If U. S. Veteran specify WAR

(a) Residence: No. 1115 DURST St. Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of MILLIE ENDLEY.

6. DATE OF BIRTH (month, day, year) July 21st 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT MILLIE ENDLEY

(Address) 1115 DURST ST

18. BURIAL, CREMATION, OR REMOVAL (Where) Cedar Hill Date 2-25-1937

19. UNDERTAKER Bernard C. Hartley

(Address) 181 E WEST ST.

FEB 24 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22nd 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/2/37 19... to 2/22/37 19... I last saw him alive on 2/22/37 19... Death is said to have occurred on the date stated above, at 8.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Bronchial)	2/2/37
Other contributory causes of importance: Myocardial failure	2/15/37

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isaac Fuller M. D.

(Address) 1228 N Charles ST

OCCUPATION is very important. See instructions on back of certificate.

F 32753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 F 32753

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1123 Cleveland. St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME SARAH GEARY.

(a) Residence: No. 1123 Cleveland. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Geary

6. DATE OF BIRTH (month, day, year) May 10th 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER

13. NAME John. Mc Gah.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Ann. Donohugh

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs Geo Ambof.
(Address) 1123 Cleveland St

18. BURIAL, CREMATION, OR REMOVAL
Cathedral Date 2-27 1937

19. UNDERTAKER Bernard C. Hasle
(Address) 131 E West St

FILED 2 24 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23rd 1937

I HEREBY CERTIFY, That I attended deceased from June 10th 1937 to Feby 23rd 1937

I last saw h[illegible] alive on Feby 23 1937. Death is said to have occurred on the date stated above, at 7 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Diabetes Mellitus and Arteriosclerosis	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) John A. Schemmel M. D.

(Address) 1337 S. Charles St.

M. D. B. 1268-9

F 32754 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 32754

1/108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital 25-2 Ward)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Carl Schmidt.

(a) Residence: No. 2806 Herkimer St. Mowell Park Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Schmidt

6. DATE OF BIRTH (month, day, year) Nov 4 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wood Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Frank Schmidt.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Not known.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Elizabeth Schmidt

(Address) 2806 Herkimer St.

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Date 2-25-37

19. UNDERTAKER Bernard C Harlr

(Address) 121 E West St

20. FILED FEB 24 1937 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22nd 1937

22. I HEREBY CERTIFY, That I attended deceased from ~~19~~ to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. Wright M. D.
Coroner

(Address) 1010 S. Ellwood Ave

32755 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 32755

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 Madison Ave St. [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna L. Pinkett

If U.S. Veteran specify WAR .....

(a) Residence: No. 1414 Madison Ave St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) July 6th 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cambridge Md.

FATHER

13. NAME Joseph Pinkett

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna Pinkett

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Rosina West.

(Address) 1419 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date Feb 24 1937

19. UNDERTAKER Archibald A. Gaddis

(Address) 2101 N. Eutaw St.

20. [illegible] 19 [illegible] Washington Wilmington, N.C.

FEB 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1936 to Feb 22 1937

I last saw h[illegible] alive on Feb 21 1937 Death is said to have occurred on the date stated above, at 9:41 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?
Other contributory causes of importance:	
Arteriosclerosis	?

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Bernard Harris, M. D.

(Address) 1527 11 Cumberland St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

32756 E 32756

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 40 yrs. ... mos. ... ds.

2. FULL NAME Frank Rabbit (Zajaczkowski) U. S. Veteran (Specify WAR .....)

(a) Residence: No. Morris Hill, Annapolis Road Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Mar

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Cecelia Rabbit-Zajaczkowski

6. DATE OF BIRTH (month, day, year) Dec 4 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	2	20 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Alexander Rabbit-Zajaczkowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME M. Stanowicz

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Cecelia Rabbit Zajaczkowski

(Address) Morris Hill Annapolis Road

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date 2 25 19...

19. UNDERTAKER W. Fitzgerald

(Address) 1618 Eastern Ave

20. FILED 2 24 1937 Huntington Williams, Registrar

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/15, 1937, to 2/21, 1937

I last saw him alive on 2/21, 1937. Death is said to have occurred on the date stated above, at 11.50 PM

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis — Date of onset ?

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Francis G. Dickey, M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32757

CERTIFICATE OF DEATH

#20198 34-f-15-1 F 32757

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Certrude Thomas

(a) Residence: No. 1706 Woodyear St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	M

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John W.

6. DATE OF BIRTH (month, day, year) ? April 6, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Green

14. BIRTHPLACE (city or town) (State or country) St. Mary's, Md.

MOTHER

15. MAIDEN NAME Dead

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records of Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cemetery Date 2/24 37

19. UNDERTAKER Thos. E. Kelson
(Address) 1203 Pennsylvania Ave

20. FILED 2-24 1937 Clayton Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-22 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-11 1937 to 2-22 1937

I last saw her alive on 2-22 1937 Death is said to have occurred on the date stated above, at 7.05 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine fibroids	?
Bilateral tubo-ovarian abscesses	3 mo.

Other contributory causes of importance:

over

Was an operation performed? yes Date of 1-31-37

For what disease or injury? Uterine fibroids tubo-ovarian abscesses

Name of operation Hysterectomy

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) W. A. Bourne Gyn.

(Address) Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

va 3

F 32758 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32758

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1522 W. Lafayette Ave St., 16-7 Ward) Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie Lewis

If U. S. Veteran specify WAR

(a) Residence: No. 1522 W. Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Lewis

6. DATE OF BIRTH (month, day, year) Nov. 16th 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fountain Eastern Shore Md

FATHER

13. NAME William Boyer

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Jane Henson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Johnson (Address) 1522 W Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL Place Fountain Cem Date 2-24- 1937

19. UNDERTAKER Bryant Manie & Wright (Address) 218 Cordelia St

20. FILED 19 Thurlington Williams Registrar

FEB 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1937, to Feb 22, 1937

I last saw h[illegible] alive on Feb 22, 1937 Death is said to have occurred on the date stated above, at 1127 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Kidney Disease	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. A. Johnson M. D.

(Address) 2-3 49 Hanover St

OCCUPATION is very important. See instructions on back of certificate.

32759 F 32759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

325460

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St. 7-5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Everett Eklund

(a) Residence: No. North East St., Ward. md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/18/36

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Everett Eklund

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Hattie Luella

16. BIRTHPLACE (city or town) (State or country) va

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Cemetery, Md. Date Feb. 26 1937

19. UNDERTAKER Lee & Patterson
(Address) Perryville, Md.

20. FILED 19 Registrar

FEB 21 1937

OCCUPATION is very important. See INSTRUCTIONS on BACK of CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb-23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb-19, 1937, to Feb-23, 1937

I last saw him alive on Feb-23, 1937. Death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	Dec
Pneumonia - secondary bronchopneumonia	Dec ?
Pulmonary abscesses	
3	

Other contributory causes of importance:

Encephalitis - post perturssis	Jan Feb
Staphylococcus	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Lydia B Edwards M. D.
(Address) Johns Hopkins Hospital

F 32760

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 S. East Ave St. 36-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mary Anna Rose Sadowska (Smoleski)

(a) Residence: No. 1011 S. East Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter

6. DATE OF BIRTH (month, day, year) Dec 10 1849

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	87 88	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. formerly assisted in housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Posen
(State or country) Germ- Poland

FATHER

13. NAME Novak

14. BIRTHPLACE (city or town) Poland
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Poland
(State or country)

17. INFORMANT Andrew Sadowski
(Address) 1011 S. East Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem Date 2/26/37 19

19. UNDERTAKER M. F. Sadowski & Sons
(Address) 1007 Eastern Ave

FILED 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured left femur	1934
cerebral apoplexy	5/2/35
Chronic myocarditis	2/22/37

Other contributory causes of importance: Probably coronary embolism

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide accident Date of injury 1937

Where did injury occur? Brett
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury slipped in back yard

Nature of injury fractured left femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

Signed A. P. Wright M. D.
Coroner

(Address) 1010 S. Ellwood Ave

OCCUPATION is very important. See instructions on back of certificate.

[illegible]

32761 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32761

CERTIFICATE OF DEATH

1. PLACE OF DEATH General Refractories Co. Registered No. 94-B

CITY OF BALTIMORE: (No. Chesapeake Ave & 7th St. 25-4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 6 mos. 26 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Phillip Vernon Clark. If U. S. Veteran specify WAR

(a) Residence: No. 4200-4th St. Brooklyn Park. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of Margaret C. Clark.

6. DATE OF BIRTH (month, day, year) July 26, 1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
30	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 2/21/37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Edgar Clark.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Elizabeth Durrenberger.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Margaret Clark. (wife)

(Address) 4200-4th St. Brooklyn Park.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date Feb 24 1937

19. UNDERTAKER C. Howard Evans

(Address) 1400 E. Charles St

20. FILED ... 19 ... Registrar

FEB 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

Signed Edward Reinhardt, M. D. Coroner

2/23/37 (Address) 1017 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

F 32762

32762 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1943

1. PLACE OF DEATH

Registered No. 16-2

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. — mos. — ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Russell J. Harris.(c) If U. S. Veteran specify WAR

(a) Residence: No. 218 N. Carey St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, WIFE or HUSBAND of: Sadie M. Harris,(c)

6. DATE OF BIRTH (month, day, year) March 23,1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 2/20/37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia.

FATHER

13. NAME Linwood Harris.(c)

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lorie Poke.(c)

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Sadie M. Harris.(c) wife.
(Address) 218 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Memorial Pk Date Feb 24 19 37

19. UNDERTAKER Chas. G. Carter
(Address) 614 N. Calhoun St.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 20, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laceration of the brain.	
Compound fracture of the skull.	
Accidentally struck on the head by falling copper plated on S/S McKeesport.	
Other contributory causes of importance:	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide accident Date of Injury 2/20/37 19

Where did Injury occur? S/S McKeesport.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Copper works. Ft of Clinto

Manner of injury Fall of copper plates

Nature of injury Fracture of the skull.

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify

(Signed) [illegible] M. D.
Coroner

2/23/37 (Address) 1017 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

47833

F 32763

HEALTH DEPARTMENT—CITY OF BALTIMORE

21271

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 7-5 Ward) Newborn

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Johnson, Baby Girl

(a) Residence: No. 624 N. Bethel St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	Newborn

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/20/37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
6 hrs-49 Min.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Normand ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Annie Johnson

16. BIRTHPLACE (city or town) (State or country) Cristfield, Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date FEB 24 1937

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED ... 19 ... Registrar.

FEB 24 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-20, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-20-37, 19..., to 2-20-37, 19...

I last saw h[illegible] alive on 2-20-37, 19... Death is said to have occurred on the date stated above, 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
? Syphilis	
Other contributory causes of importance: Prematurity	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... No

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Reuel Cadwell M. D.

(Address) Baltimore City Hospitals

V8 3

3018

20762 F 32764

32764

HEALTH DEPARTMENT—CITY OF BALTIMORE

35a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 231 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Jones

If U. S. Veteran specify WAR

(a) Residence: No. 216 W. Hamburg St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-2-1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
19 days		19 das	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George Jones

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Viola Watts

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date FEB 24 1937

19. UNDERTAKER Commissioner of Health

(Address) Per W. A. Moore

24 1937 19 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/21/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 2/2/37, 19..., to 2/21/37, 19...

I last saw h... alive on 2/21/37 19... Death is said to have occurred on the date stated above, at 8^00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	2/2/37
Broncho Pneumonia	2/14/37
Other contributory causes of importance: Congenital Conjunctivitis	2/7/37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Alexander M. D.

(Address) Balt. City Hosp

VS 3

3016

F 32765

32765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals 23-3

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Garfield Keys # 20371

(a) Residence: No. 28 Barney's Lane St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 24, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) N. Carolina
(State or country)

FATHER

13. NAME William

14. BIRTHPLACE (city or town) N.Carolina
(State or country)

MOTHER

15. MAIDEN NAME Clara

16. BIRTHPLACE (city or town) N.Carolina
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
PLACE JOHNS HOPKINS MEDICAL SCHOOL FEB 24 1937 19....

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED ..... 19.... ..... Registrar.

FEB 24

3015

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1937 19.... to Feb. 19, 1937 19.... I last saw him alive on Feb. 19, 1937 19.... Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	Aug. 1936
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so specify .....

(Signed) Lew H. Feldman, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back

32766 F 32766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 St. Paul St. 12-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Amalie Schuler Thomas

(a) Residence: No. 1810 St. Paul St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Thomas

6. DATE OF BIRTH (month, day, year) January 7, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Richard Arndt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Hans Schuler

(Address) 74 E. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Feb. 24 1937

19. UNDERTAKER Chas. H. Cook

(Address) 1006 W. Baltimore St.

FILED 2 24 1937 Huntington Williams, Registrar

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 7 1932, 19 .. to Feb 21 1937 19 .. I last saw her alive on 2-21-37, 19 .. Death is said to have occurred on the date stated above, at 1.30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal Complex	193
	ago
Other contributory causes of importance: Oedema of the Lungs	24 Hours

Was an operation performed? No Date of none

For what disease or injury? None

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Buhrfeind M. D.

(Address) 910 N. Fulton Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 32767

32767 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 Potomac St. 1-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Lightner

If U.S. Veteran specify WAR

(a) Residence: No. 208 Potomac St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. Color or race W

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND (or) WIFE of Wesley Lightner

6. DATE OF BIRTH (month, day, year) Aug 1863

7. AGE Years 73 Months 9 Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Unit

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME dont know

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Fred Dickinson

(Address) 208 Potomac St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date Feb. 25, 1937

19. UNDERTAKER John A. Moran

(Address) 3000 E. Balto St.

20. FILED FEB 24 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/22/1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 37, to Feb 22, 37

last saw h[illegible] alive on Feb 22, 1937. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Hypostatic pneumonia

Was an operation performed? no Date of

For what disease or injury? no

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Knox Guseley, M. D.

(Address) 2486 E. Balto

F 32768

HEALTH DEPARTMENT—CITY OF BALTIMORE

21153

32768

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? 34 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Koros (Stanislaus

(a) Residence: No. 807 S. Glover St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Veronica

6. DATE OF BIRTH (month, day, year) 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Martin

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Marie Granzewa

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place St. Stanislaus Date 2/27 19 37

19. UNDERTAKER John F. Rupa

(Address) 2801 Hudson St

20. FILED 24 1937 Timothy Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-22-1937

22. I HEREBY CERTIFY, That I attended deceased from 2-16, 1937 to 2-22, 1937

I last saw him alive on 2-22 1937 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia,	Unk
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John L. Kanny M.D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See INSTRUCTIONS on BACK of CERTIFICATE.

32769 F 32769

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 Hanover St. St. 23-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. 6 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Cornelia Haas

(a) Residence: No. 1708 Hanover St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Valentine Haas

6. DATE OF BIRTH (month, day, year) Aug. 1 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Jackson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Caroline Johnson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Meister

(Address) 1708 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Feb. 26 '37

19. UNDERTAKER L. Frew M. & Cully

(Address) 130 E. Fort Ave.

20. FILED 24 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1937 to Feb 23, 1937

I last saw her alive on Feb 21, 1937 Death is said to have occurred on the date stated above, at 9.30 A.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 2/16/37

Arteriosclerosis — 2/16/37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. F. Shaw Bauer M. D.

(Address) 1 E. Mulberry St

OCCUPATION is very important. See instructions on back of certificate

F 32770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 32770 (3247 38)

55-D

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 15-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Raymond Schatz

If U. S. Veteran specify WAR

(a) Residence: No. 3464 Park Hts Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/21/34

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Milton Schatz

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Julia Magid

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 2/24/37 19

19. UNDERTAKER Funk & Deuss Inc

(Address) 1459 E. Baltimore St.

20. FILED 19 Registrar.

2-24-1937 A. Taylor Williams, MD

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1937 to Feb 24, 1937

I last saw him alive on Feb 24, 1937 Death is said to have occurred on the date stated above, at 11 05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor	12-16-36
Other contributory causes of importance: Bronchopneumonia	2-22-37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Wm C. Stiffler Jr M. D.

(Address) Johns Hopkins Hospital.

32771 F 32771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

Registered No. .....

1. PLACE OF DEATH dead on arrival (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St Joseph Hospital St., 9 Ward)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Allen

(a) Residence: No. 1725 N Spring St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Wid

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Dorsey

6. DATE OF BIRTH (month, day, year) May 18-1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ..... (State or country) Va

FATHER

13. NAME William Langley

14. BIRTHPLACE (city or town) ..... (State or country) Va

MOTHER

15. MAIDEN NAME Edith Langley

16. BIRTHPLACE (city or town) ..... (State or country) Va

17. INFORMANT Willie May Howard

(Address) 1832 N Spring St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 2/25 1937

19. UNDERTAKER Rayner Sanders

(Address) 1411 E. Preston St

20. FILED ..... 19 ..... Registrar.

2-24-1937

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-22-1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/22/37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) L. J. Allen M. D.
Coroner

(Address) 20 S. Augusta St

OCCUPATION is very important. See instructions on back of certificate.

3203
32772

HEALTH DEPARTMENT—CITY OF BALTIMORE

32772

CERTIFICATE OF DEATH

51-B

1. PLACE OF DEATH Johns Hopkins Hospital
CITY OF BALTIMORE: (No. ..... St. 16-6 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 9 mos. 2 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Benjamin H. Lambert — If U. S. Veteran specify WAR .....

(a) Residence: No. 2509 Druid Park Lake Dr. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence C. Brownell

6. DATE OF BIRTH (month, day, year) 5/16/71

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1166

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Lambert

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Kirby

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date 2/26 19 37

19. UNDERTAKER Henry W. Myers and Son
(Address) 805 N. Calvert St.

20. Filed ..... 19..... Registrar.

24 1937 Huntington Williams, M.D.
H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1936 to Feb 23, 1937
I last saw him alive on Feb 23, 1937. Death is said to have occurred on the date stated above, at 2.35 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the bladder	Jan 1936
	about

Other contributory causes of importance:

Was an operation performed? Yes Date of 1/11/37
For what disease or injury? Bladder tumor
Name of operation Exploratory laparotomy
What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry J. Bennett Jr. M. D.
(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

773 F 32773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. U MH St. 67-14 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME Kathleen H. Daly
(a) Residence: No. 4912 Wickford Rd St., Ward. Baltimore
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 16 1922

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
15	0	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Denver Colo
(State or country)

FATHER
13. NAME Mr O G Daly (Gordon)
14. BIRTHPLACE (city or town) Baltimore
(State or country)

MOTHER
15. MAIDEN NAME Dorothy O'Donnell
16. BIRTHPLACE (city or town) Colorado
(State or country)

17. INFORMANT Gordon Daly
(Address) 4212 Wickford Road

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 2/25 1937

19. UNDERTAKER Kenny & Means & Dorn
(Address) 802 N. Calvert St.

20. FILED 2/25 1937 Registrar.
Huntington Whitgate, M.D.

OCCUPATION IS VERY important. See instructions on back.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1937 to Feb 23 1937
I last saw h[illegible] alive on Feb 23 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Mastoiditis	1-26-37
Other contributory causes of importance: Acute Meningitis (Pneumococcic)	2-9-37

Was an operation performed? Yes Date of 1-28-37
For what disease or injury? Mastoiditis (a)
Name of operation Mastoidectomy
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold Dr Low M. D.
(Address) Union Memorial Hosp

Spec.—9-30—A. & Co.—250 Bks.

32774

F. 32774

149-a-131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Franklin Square Hospital ST. 16 WARD 24

CITY OF BALTIMORE: (No.....

2. FULL NAME Mrs. Esther M. Clements ST. ..... WARD .....
(If non-resident give city or town and State)

(a) RESIDENCE NO. Gott Station Md
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Philip O. Clements

6 DATE OF BIRTH (month, day, and year) Dec. 3, 1900.

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
36	2	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Samuel W. Wagner
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland
12 MAIDEN NAME OF MOTHER Laura V. Smith
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Philip O. Clements
(Address) Gott Station, Md.

15 Filed ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/22/37

17 I HEREBY CERTIFY, That I attended deceased from 2/16/, 1937, to 2/22/, 1937
that I last saw h[illegible] alive on 2/22/, 1937, at 10.30 A m.
and that death occurred, on the date stated above, at 10.30 A m.

The CAUSE OF DEATH* was as follows:
Paralysis - Ileus - following Caesarean section & sterilization

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic nephritis c uremia
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of 2/16/37.
Was there an autopsy? No.
What lesl confirmed diagnosis?

(Signed) D. I. Boltzius M. D.
2/22, 1937. (Address) Franklin Square Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park, February 25, 1937.
DATE OF BURIAL 19
ADDRESS

20 UNDERTAKER Harry A. Nitz & Co. 4101 Edmondson Ave.

TION is very important. See instructions on back of certificates.

24 1937

32775 F 32775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 137

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 12-6

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Lanham

If U. S. Veteran specify WAR —

(a) Residence: No. 1416 N. Dittmar, Arlington, Va. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of May C. Lanham

6. DATE OF BIRTH (month, day, year) August 31, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laboratory Asst.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. National Inst. Health

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME Robert Lanham

14. BIRTHPLACE (city or town) (State or country) Washington D. C.

MOTHER

15. MAIDEN NAME Mary Breach

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Washington D.C. Date 2/24/ 1937

19. UNDERTAKER Gudgeon & Kelly

(Address) 5th - & P.S.E. Washington D.C.

20. FILED ..... 19 ..... Registrar.

24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 21, 1937, to February 24, 1937.

I last saw him alive on February 24, 1937. Death is said to have occurred on the date stated above, at 3:55A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular-renal disease	
(Hypertensive heart disease)	5 yrs.
Other contributory causes of importance:	
Pneumonia, lobular, terminal	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? PM Exam Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) T. B. H. Anderson M. D.

(Address) U.S. Marine Hospital

OCCUPATION is very important. See instructions on reverse side.

32776 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32776

CERTIFICATE OF DEATH V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital St., 16-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Susy Parks Pilchard

(a) Residence: No. 1306 Longwood Street St., ... Ward. War No Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color, or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of ——— ——— ———
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 3rd 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Pocomoke City Md.

FATHER

13. NAME Paul T. Pichard

14. BIRTHPLACE (city or town) (State or country) Pocomoke City Md

MOTHER

15. MAIDEN NAME Bessie Parks

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) Bessie Pilchard 1306 Longwood St

18. BURIAL, CREMATION, OR REMOVAL Place Pocomoke City Md Feb 26th 1937

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

FEB 25 1937 Pennington Williams Md

OCCUPATION is very important. See instructions on the back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 24, 1937.

22. I HEREBY CERTIFY, That I attended deceased from 2-8, 1937, to 2-24-37, 1937

I last saw her alive on February 24, 1937. Death is said to have occurred on the date stated above, at 12:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis, bilateral.	1933
Thoracoplasty, right.	2/15/37
Hydrothorax.	2/15/37

Other contributory causes of importance:

Was an operation performed? Yes Date of 2-15-37

For what disease or injury? Pulmonary Tuberculosis

What test confirmed diagnosis? X-ray Was there an autopsy? Yes.

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. P. Sellers M. D.

(Address) Woman's Hospital

F 32777

32777 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

66-F

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore General Hosp Registered No. .....

CITY OF BALTIMORE: (No. 1213 Light St., 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Iglehart If U.S. Veteran specify WAR No Record

(a) Residence: No. 1826 Penrose Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE)~~ Eva Iglehart

6. DATE OF BIRTH (month, day, year) May 6th 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Stripper Fitters Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brewery

10. Date deceased last worked at this occupation (month and year) Feb 1907

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Howard Co Md

FATHER

13. NAME John Iglehart

14. BIRTHPLACE (city or town) (State or country) Howard Co Md

MOTHER

15. MAIDEN NAME Eugenia Knight

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Eva Iglehart
(Address) 1826 Penrose Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Westview Date Feb 27th 1937

19. UNDERTAKER Wm Cook
(Address) 127 S Paul St

FEB 25 1937 19 Registrar

Huntington Hillcrest, MD

OCCUPATION is very important. See instructions on back of this sheet.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/25/37. 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22 1937 to Feb 25 1937

I last saw him alive on Feb. 25 1937 Death is said to have occurred on the date stated above, at 12 1/4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	
Other contributory causes of importance: Acute thyroiditis + laryngo tracheo bronchitis	

Was an operation performed? yes Date of ~~operation~~ 2-28-37

~~Autopsy?~~ Tracheotomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) James L. Webb M. D.

(Address) 1213 Light St

32778 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 32778

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3418 (Street) Mondawmin (Ward) 25-8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Agnes A Meine

If U.S. Vet. specify War No Record

(a) Residence: No. 3418 Mondawmin St., ... Ward. .....

(Usual place of abode) 38 years (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: Husband of (or) Wife of: Charles R Meine

6. DATE OF BIRTH (month, day, year): April 14 74

7. AGE: Years 62 | Months 10 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (City or town) (State or country): Columbus Ohio

FATHER

13. NAME: John James Morrissey

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Cecelia Cavanaugh

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Charles R. Meine

(Address) 3418 Mondawmin

18. BURIAL, CREMATION, OR REMOVAL: Cumberland Md Date 2/26/37

(City) Bur 16

19. UNDERTAKER: William

(Address) 1217 St Paul St

FILED ..... 19 ..... Registrar .....

FEB 25 1937 Livingston Phillips, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 23rd 1937

22. I HEREBY CERTIFY, That I attended deceased from Yes y ..... 1935 to February 23 1937

I last saw h Le alive on February 23 1937. Death is said to have occurred on the date stated above, at 1150 p m.

The principal cause of death and related causes of importance were as follows:

adeno-carcinoma — Date of onset: about 7-14-34

Other contributory causes of importance:

Carcinomatosis — Date of onset: about

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur F. Barnett, M. D.

(Address) 701 Cathedral St. Baltimore, Md.

OCCUPATION is very important. Any information you can give will be appreciated.

32779 E 32779

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St. 27-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dennis Parsons

If U. S. Vet. specify WAR, Record

(a) Residence: No. 6608 Harford Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 30th 1928

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
8	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scholar

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At School

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Kostas Parsons

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Ismini Mareofoula

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT George Agaew (Address) 4905 Litchfield Ave

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Feb 26 1937

19. UNDERTAKER Francis Reese (Address) Westminster Md

20. FILED [illegible] 1937 [illegible] Registrar.

FEB 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-12, 1937 to 2-24, 1937.

I last saw him alive on 2-24, 1937 Death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis Liver	
Acute Hemorrhagic Nephritis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.

(Address) Sinai Hospital

OCCUPATION IS VERY important.

VR 9

F 32780

32780 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 E. Ostend St.) (24-3 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR No Record

2. FULL NAME Mary Eleanor McClure

(a) Residence: No. 118 E. Ostend St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: McClure

6. DATE OF BIRTH (month, day, year): March 9 1900

7. AGE: Years 36 | Months 11 | Days 15 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Alfred M Travers

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Ida F Carter

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Otis M Travers

(Address) 2020 N. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL

Place: Oakstern Date: Feb 26 1937

19. UNDERTAKER: William Cook

(Address) 1217 St Paul St

FEB 25 1937

19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 24, 1937.

I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1937 to Feb 24 1937

that I last saw h[illegible] alive on Feb 24 1937 Death is said to have occurred on the date stated above, at 2.30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2.11.37
Acute Cardiac Dilatation	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Physical Examination no

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

23. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) J. Edward Norris M. D.

(Address) 107 East west St.

F 32781 F 32781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 N. Pine St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. Hudgins

If U.S. Veteran specify WAR No Record

(a) Residence: No. 108 N. Pine St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) ~~WIFE~~ of Eva Hudgins

6. DATE OF BIRTH (month, day, year) 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carmen

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tyler Co 0086

10. Date deceased last worked at this occupation X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles Hudgins

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Charles J Hudgins

(Address) 447 East 25th St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Feb 26 1937

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

20. FILED ... Registrar.

FEB 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1937 to Feb 23, 1937

I last saw h alive on Feb 23, 1937. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	2 yrs
Other contributory causes of importance: Acute Cardiac Dilatation	1 day

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Harry Glassman M. D.

(Address) 753 N Fremont Ave

F. D. 33782

F 32782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals Ward) 8-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Gertrude M. Brown

(a) Residence: No. 1038 Hollins St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cecil E.

6. DATE OF BIRTH (month, day, year) Aug 30 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43 yrs.	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. house keeper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Dr. George A. Brehm

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Mary Hennick

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Cecil Brown

(Address) 1038 Hollins St

18. BURIAL, CREMATION, OR REMOVAL

Place Morland Park Date 2-26 1937

19. UNDERTAKER Frederick A Cole

(Address) 1200 W Lombard St

20. FILED FEB 25 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anemia (pernicious)	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. W. Wright Coroner M. D.

(Address) 1010 S. Edmondson Ave

V 56 OCCUPATION is very important. See instructions on back of certificate.

32783 HEALTH DEPARTMENT—CITY OF BALTIMORE 32783

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles H. Watkins

If U. S. Veteran specify WAR W. W.

(a) Residence: No. 727 Baker St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nannie Franklin

6. DATE OF BIRTH (month, day, year) February 14, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) May, 1936

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Calvert Co.
(State or country) Md.

FATHER

13. NAME John Watkins

14. BIRTHPLACE (city or town) Calvert Co.
(State or country) Md.

MOTHER

15. MAIDEN NAME Sally Thomas

16. BIRTHPLACE (city or town) Calvert Co.
(State or country) Md.

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 2/26 19 37

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pleasant St.

20. FILED FEB 25 1937 19 ..... Registrar.

Arlington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 20, 1937, to February 23, 1937.

I last saw him alive on February 23, 1937. Death is said to have occurred on the date stated above, at 10:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, chronic interstitial	
(Arteriolosclerosis)	May 1936
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Nature of operation .....

What test confirmed diagnosis? Pm Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) T. M. H. Anderson M. D.

(Address) U.S. Marine Hospital

OCCUPATION is very important. See instructions on back of certificate.

V8 3

32784 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 32784

CERTIFICATE OF DEATH ✓ 114-B #19363

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals Ward) St. 17-3

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Anna Carroll

If U. S. Veteran specify WAR

(a) Residence: No. 502 Brune St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick

6. DATE OF BIRTH (month, day, year) 1919

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	17			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Wm. Johns (d)

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Anna Matthews

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 2/25 37 19

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St.

20. FILED 2 25 1937 19.. [illegible]

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-23, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-9, 1936 to 2-23, 1937

I last saw h.. alive on 2-23, 1937 Death is said to have occurred on the date stated above, at 7.5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung Abscess (Non-tuberculous)	about 3 mos
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospitals

32785 **HEALTH DEPARTMENT—CITY OF BALTIMORE** No. 32785

20817 190

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 3-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1886 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME August Wenserski

If U. S. Veteran specify WAR .....

(a) Residence: No. 1004 E Lombard St., St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-15-1879

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	57	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Peddler (Unempl)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 2-25 19 37

19. UNDERTAKER J. J. Fahey & Son
(Address) 518 Light St

20. FILED ..... 19 .....

FEB 25 1937

OCCUPATION IS VERY important. See instructions on back.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18-1937

22. I HEREBY CERTIFY, That I attended deceased from 2-3-1937 to 2-18-1937

I last saw h.. alive on 2-18-1937 Death is said to have occurred on the date stated above, at 6 30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Dis.	6 mos.
Other contributory causes of importance: Arteriosclerotic Gangrene of Feet	3 wks

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm L. Ramsey M. D.

(Address) Baltimore City Hospitals

M. D. B 1268-9

F 32786

32786 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

173

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1000 Harlem Ave. St. 19-1 Ward)

Length of residence in city or town where death occurred 61 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Walter L. Stevens

(a) Residence: No. 421 N. Fulton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Julia Brotherton

6. DATE OF BIRTH (month, day, year) Sept. 20, 1875

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Collector of Rents

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Granger Stevens

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sophia

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Walter L. Stevens
(Address) 421 N. Fulton Ave. City

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Feb. 25, 1937

19. UNDERTAKER John Mitchell & Sons
(Address) 1900 Eutaw Place, City

20. FILED 2-25-1937 Harrington for Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above. 8:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal hemorrhage caused by gun shot wound thru aorta	2-22-37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury ..... 19.....

Where did injury occur? Baltimore Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place, on street.

Manner of injury Shot with pistol by persons unknown.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave. City

OCCUPATION is very important. See instructions on back of certificate.

F 32787

32787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 20603 54

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lena Sherman

(a) Residence: No. 1625 N. Pulaski Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Moses Sherman

6. DATE OF BIRTH (month, day, year) 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME David Lowenthal

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Bernice Lavenbach

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date 2/25/37

19. UNDERTAKER Jack Gains Inc
(Address) 1137 E. Fayette St

20. FILED FEB 25 1937 Lexington Millard Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-26 1937 to 2-24 1937

I last saw her alive on 2-24 1937 Death is said to have occurred on the date stated above, at 6 45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	3

Other contributory causes of importance:

gangrene of toes diabetes 2 mos

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, how?

(Signed) W. A. Hoover M. D.

(Address)

F 32788 F 32788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 Oakland ave St., 27-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth P. Rinehart

If U.S. Veteran specify WAR: .....

(a) Residence: No. 531 Oakland ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Rinehart

6. DATE OF BIRTH (month, day, year) March 3 188?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph H. Lynch

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary E. Dillon

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Charles H. Rinehart

(Address) 531 Oakland ave

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cem. Date Feb. 26 1937

19. UNDERTAKER Hemmeter & Sons Inc.

(Address) 1301 E. Eager St

20. FILED ..... 19..... Registrar

FEB 25 1937 Harrington [illegible], M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 23 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1937 to Feb 23 1937

I last saw her alive on Feb 23 1937 10:45 P.M. Death is said to have occurred on the date stated above, at 10:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 23 1937

Other contributory causes of importance:

Hodgkin's Blood Disease
Arteriosclerosis

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? C Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) Chas H. Rinehart M.D.

(Address) 1837 Harford Rd

F 32789

32789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓34B

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2324 W. Lexington St. St., 20-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Charles F Graser C-237257 → If U. S. Veteran specify WAR Spanish

(a) Residence: No. 2324 W. Lexington St. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances J. Graser

6. DATE OF BIRTH (month, day, year) Aug. 6, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	7 6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mgr. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md.

FATHER

13. NAME Francis X. Graser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Fusser

16. BIRTHPLACE (city or town) (State or country) York Pa.

17. INFORMANT Frances Graser
(Address) 2324 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place National Date 2-27-37 19

19. UNDERTAKER Richard D. Thayer
(Address) 1620 Ashburton St.

20. FILED MAR 2 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/23, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/, 1937, to 2/23, 1937

I last saw h alive on 2/22, 1937. Death is said to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurysm of Aorta over	
Other contributory causes of importance:	

Was an operation performed? — Date of

For what disease or injury?

Name of operation Tuberculope? Date of

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) Chas A Carlson M. D.

(Address) 2145 N Bolton

OCCUPATION is very important. See instructions on reverse side.

FEB 23 1937

M. D. B. 1268-9

32790

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 32790

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2822 Inglewood St. Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Jane Rossman

(a) Residence: No. 2822 Inglewood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Henry Rossman

6. DATE OF BIRTH (month, day, year) Dec 9 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William DeBourge

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Lee

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Albert F. Foul

(Address) 2822 Inglewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 2/26 1937

19. UNDERTAKER Wm Cook & Son

(Address) 1219 E Lanvale St

20. FILED FEB 26 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-21 1932 to 2-23- 1937

last saw her alive on 2-15- 1937 Death is said to have occurred on the date stated above, at 10:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	Unknown

Other contributory causes of importance:

Arteriosclerosis and hypertension	Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fred. B. Sylvester M. D.

(Address) 2802 Harford ave

OCCUPATION is very important. See instructions on back of certificate.

32791

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 32791

CERTIFICATE OF DEATH

2037-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 21-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joseph L. Russell

If U. S. Veteran specify WAR

(a) Residence: No. 918 Washington Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-5-1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Post

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Robert C. Russell

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Carrie Markell

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date 2/27 37

19. UNDERTAKER Williams Edwards
(Address) 1317 St Paul St

20. FILED 2-28 1937 Hennington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-12, 1937 to 2-24, 1937

I last saw him alive on 2-24 1937 Death is said to have occurred on the date stated above, at 8 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign ulcer of stomach	2 yrs
Other contributory causes of importance:	

Was an operation performed? yes Date of 2-23-37

For what disease or injury?

Name of operation Duodenojejunostomy

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. B. Hooper M. D.

(Address) Bell. City Hosp

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

B 28 1937

F 32792

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32792

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH St Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens + Catonsville St. 25-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mrs. Margaret Baetz

If U.S. Veteran specify WAR .....

(a) Residence: No. 115 Dundalk Ave St. 26 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late John Baetz

6. DATE OF BIRTH (month, day, year) Feb 3 - 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Joseph Stocker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Baetz, Son

(Address) 115 Dundalk Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Feb 27, 1937

19. UNDERTAKER Lilly + Zeiler INC.

(Address) 1103 E Wolfe St

20. [illegible] Huntington Williams, M.D.

FEB 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1937, to Feb. 23, 1937.

I last saw her alive on Feb. 23, 1937. Death is said to have occurred on the date stated above, at 9.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pylorus	12/24/36 (?)
Other contributory causes of importance: Intestinal Obstruction, Partial	12/24/36

Was an operation performed? Yes Date of 2/19/37

For what disease or injury? Carcinoma Pylorus

What test confirmed diagnosis? Clinical, X-ray, Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) H. Williams, M. D.

(Address) St. Agnes Hosp.

F 32793

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32793

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hosp

CITY OF BALTIMORE: (No. 28+210-M St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. 3 mos. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran state WAR

2. FULL NAME Mrs Ada Applegate

(a) Residence 1410 Orleans Spring Road St., Catonsville Md

(Usual place of abode) (If non-resident give city or town, and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nancy A.

6. DATE OF BIRTH (month, day, year) 3/15-1848

7. AGE Years 88 Months 11 Days 6 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cracker

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Belgian Shoe Co

10. Date decedent last worked at this occupation (month and year) 2/26/37 11a. Total time (years) spent in this occupation 00

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME C. Applegate

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME Rosina Kimby

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. Informant Mrs Ada Applegate 1410 Orleans Spring Road Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cemetery Date 2/26/37

19. UNDERTAKER J. B. Tilghman & Son (Address) 1300 Eutaw Place

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH 5.30 AM

21. DATE OF DEATH (month, day, year) 3/23/37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Pneumonia	3/21-37
Other contributory causes of importance Fract 8 9 10 Ribs, Lac skull	3/19-37

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 2/19, 1937

Where did injury occur? Cor Sulphur Spring Road & Orleans (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Was struck by auto while walking along Road

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hubert Gentz Applegate M. D.

(Address) 907 N Charles St

Compared

FEB 25 1937

Huntington Williams, Jr.

V S 6

OCCUPATION is very important. See instructions on back of certificate.

32794 F 32794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen. Hosp. Ward) 7-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME AMANDUS L. F. HANSEN

If U.S Veteran specify WAR ....

(a) Residence: No. 2524 Dulaney — St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Johanna Hansen

6. DATE OF BIRTH (month, day, year) Mar. 26-1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	10	28?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher 40 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Prop. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Theo. H. Hansen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Harry J. HANSEN
(Address) 2524 Dulaney St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 2-26-37

19. UNDERTAKER F. B. Shibpert & Son
(Address) 130 Eutaw Place

20. FILED ..... 19 .....
(Registrar)

FEB 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-23-37. 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14 1937 to Feb. 23, 1937.

I last saw him alive on Feb. 23, 1937. Death is said to have occurred on the date stated above, at 8: A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Hypostasis - Coma	2-17-37

Other contributory causes of importance:
Atherosclerosis - Cerebral - Nephritis, Hypertension, Diabetes

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Exam. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Harry Linden, M. D.

(Address) 16 S. Broadway.

F 32795

32795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., 4 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Tom Grant

(a) Residence: No. Olney Md. Montgomery Co. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Melinda Grant

6. DATE OF BIRTH (month, day, year) Feb 23 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) Feb 1937

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

FATHER

13. NAME Tom Grant

14. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

MOTHER

15. MAIDEN NAME May Offutt

16. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

17. INFORMANT Melinda Grant (Address) Rockville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cem Date Feb 27 1937

19. UNDERTAKER R. W. Parker (Address) Gaithersburg Md

FILED FEB 25 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-25-37 19

22. I HEREBY CERTIFY, That I attended deceased from 1-25-37 19 to 2-24-37 19

I last saw him alive on 2-24-37 19 Death is said to have occurred on the date stated above, at 5 15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardio-Vascular Disease	Unknown
Cardiac decompensation	"

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William J Hellman M. D.

(Address) University Hospital

32796 F 32796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Church Home & Infi. St., 27 Ward 5

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorothy T. Troutman (Gau)

If U.S. Veteran specify WAR

(a) Residence: No. 3108 Clarview Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F. M	W	Married

5a. If married, widowed, or (divorced)
HUSBAND of (or) WIFE of Henry L. Gau

6. DATE OF BIRTH (month, day, year) 11-23-1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At-Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm E Troutman

11. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Sophie Eisenreich

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Sophie Norwood

(Address) 3701 Mary Ave

18. BURIAL, CREMATION, OR REMOVAL
Loudon Park Date 2/27 1937

19. UNDERTAKER Leonard Joseph

(Address) 1245 Wilford Rd

20. FILED
FEB 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1937 to Feb. 23, 1937

I last saw her alive on Feb. 23, 1937 Death is said to have occurred on the date stated above, at 7:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diaphragmatic hernia with gangrene and rupture of the stomach	2/8/37
Other contributory causes of importance: Empyema, left	2/8/37

Was an operation performed? Yes Date of Feb 17, 1937

For what disease or injury? Diaphragmatic hernia & rupture Stomach

What test confirmed diagnosis? Feb. 17 Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) G. L. Ackerman, M. D.
(Address) Church Home & Infir.

OCCUPATION is very important. See instructions on back of certificate.

32797

HEALTH DEPARTMENT—CITY OF BALTIMORE

32797

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 S. Castle St. 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maryanna Pika

If U.S. Veteran specify WAR .....

(a) Residence: No. 204 S. Castle St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas Pika

6. DATE OF BIRTH (month, day, year) Sept 15 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc...

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph Wanderel

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Anna Nowakowski
(Address) 204 S. Castle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem Date 2/26-37

19. UNDERTAKER John M Weber
(Address) 401 S. Chester Huntington Pittsburgh, Pa.

20. FILED ..... 19 ..... Registrar.

FEB 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 22 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1937 to Feb. 22 1937

I last saw h[illegible] alive on Feb. 22 1937 Death is said to have occurred on the date stated above, at 6 30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Arteriosclerosis	
Chronic Nephritis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Anna Nowakowski, M. D.

(Address) 2529 Eastern Av.

(OCCUPATION is very important. See instructions on back of sheet.)

32798

F 32798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. West Balto Gen'l Hosp St., Ward) 19-1
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Dieckman
If U.S. Veteran specify WAR .....

(a) Residence: No. 303 N. Fulton Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Hallie F Dieckman

6. DATE OF BIRTH (month, day, year) Aug 25 1888

7. AGE — Years 48 | Months 5 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Moulder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 20 Y

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME Edw. J Dieckman
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Elizabeth Burgard
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs Hallie F Dieckman
(Address) 303 N Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem Date 2/26 37

19. UNDERTAKER George A Farley
(Address) Fulton Ave & Fayette

20. FILED FEB 25 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/23/37 19

22. I HEREBY CERTIFY, That I attended deceased from 2/17/37 to 2/23/37 19
I last saw him alive on 2/23/37 19 Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic glomerular nephritis	11/1/36
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) E. Alexander M.D.
(Address) West Balto Gen'l Hosp

OCCUPATION is very important. See instructions on back of CERTIFICATE.

F 32799 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

87-F 32799

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2010 Eastland ave St., 7-4 Ward)

Length of residence in city or town where death occurred 61 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 61 yrs. ..... mos. ..... ds.

2. FULL NAME Frances Stetka

(a) Residence: No. 2010 Eastland ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Stetka

6. DATE OF BIRTH (month, day, year) April 23, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stiborg Hung Upper-Slovakia

FATHER

13. NAME Karel Klimunt

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Frank Stetka
(Address) 2010 Eastland ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oakhill Date Feb. 26 1937

19. UNDERTAKER Frank Grach & Son
(Address) 1906 Eastlandave

Feb 25 1937 Huntington Maryland, M.D.
Registrar.

OCCUPATION is by request only.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1937 to Feb 23, 1937

I last saw her alive on Feb 23, 1937. Death is said to have occurred on the date stated above, at 11:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/10/37
Other contributory causes of importance: Arterio Sclerosis	1927

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

(Signed) Wm. J. Pearce M. D.

(Address) 801 Eastlandave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 32800

32800

CERTIFICATE OF DEATH

21294

Registered No. 34-9-108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 36-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth 9 yrs. mos. ds.

2. FULL NAME Jim Dimitrakis (Dimitrkis)

If U. S. Veteran specify WAR no

(a) Residence: No. 3506 Bank Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-20-1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME Pete Dimitrakis

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Florence ?

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 2/26/37

19. UNDERTAKER Geo. J. Ruth Sons
(Address) 25 N. Arlington Ave.

25 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24-1937

22. I HEREBY CERTIFY, That I attended deceased from 2-21-1937 to 2-24-1937

I last saw him alive on 2-24-1937 Death is said to have occurred on the date stated above, at 11:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6 days

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm. L. Ramsey M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 32801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 9-S Ward) Registered No. 181

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph B. Scales If U. S. Veteran, specify WAR Yes World War

(a) Residence: No. 2118-Aiken Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie (Saddler)

6. DATE OF BIRTH (month, day, year) 3/14/1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Stephen J. Scales

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Margaret Connelly

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT James J. Scales
(Address) 2118-Aiken Street

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 2/26/37 19

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735-Harford Ave.

20. FILED FEB 25 1937 19 [illegible] Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st Degree burn over chest Abdomen Exposure	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Probably accident Date of injury, Feb 21, 1937
Where did injury occur? Baltimore Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place In an abandoned stable near 2401 Homewood Ave
Manner of injury Probably fell over fire hose while intoxicated
Nature of injury Burns etc.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. M. Wright M. D.
(Address) 1010 S. Elwood Ave

M. D. F 1268-9

F 32802 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 32802

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1322 Hull St. Ward 24-1

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Fallon

(a) Residence: No. 1322 Hull St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ellen Fallon

6. DATE OF BIRTH (month, day, year) Oct. 17 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bulls City

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation 18 yrs

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Fallon

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Campbell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary Fallon (Daughter)
(Address) 1322 Hull St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Feb 26 19 37

19. UNDERTAKER Chas P Stevens
(Address) 1902 Fort Ave.

FILED Feb 25 1937 Huntington Williams, M.D. Registrar.

V 5 3

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 22 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1936 to Feb. 23 1937

I last saw alive on February 22 1937. Death is said to have occurred on the date stated above, at 1.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation Decompensated	2 mo
Arteriosclerosis	2 mo
Other contributory causes of importance: Chr Parenchymatous Nephritis	2 mo

Name of operation None Date of .....

What test confirmed diagnosis? Unknown Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos F A Stevens M. D.

(Address) 2878 Harford Rd

Van. Carter

HEALTH DEPARTMENT—CITY OF BALTIMORE

2803 — CERTIFICATE OF DEATH — F 32803

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1846 Eagle St.) (19-L Ward) Registered No. 107-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Van Carter

If U.S. Veteran specify WAR

(a) Residence: No. 1846 Eagle St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Carrie Carter

6. DATE OF BIRTH (month, day, year) Jan 24, 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45 yrs		28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan 1937

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Greenville S.C.

FATHER

13. NAME Wesley Carter

14. BIRTHPLACE (city or town) (State or country) Greenville, S.C.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Carrie Carter (wife)
(Address) 518 Kilmer St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Zion Cem Date Feb 26 1937

19. UNDERTAKER Joseph A Lively
(Address) 4920 Mount St

20. FILED Huntington Williams, M.D.
FEB 25 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1937 to Feb 22, 1937

I last saw him alive on Feb 21, 1937. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jas S Julian, M. D.
(Address) 4346 33rd St.

F 32804

F 32804 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

112

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2705 N. Calvert St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hiram Swarr

If U.S. Veteran specify WAR. No Record

(a) Residence: No. 2705 N. Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~WIFE~~ of

6. DATE OF BIRTH (month, day, year): Nov 23-1866

7. AGE: Years: 70 | Months: 3 | Days: 2 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Book Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Potts & Callahan

10. Date deceased last worked at this occupation (month, day, year): Feb 1937

11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (city or town) (State or country): Philadelphia

FATHER

13. NAME: Orrin Swarr

14. BIRTHPLACE (State or country): Lancaster Co Pa

MOTHER

15. MAIDEN NAME: Elizabeth Minnick

16. BIRTHPLACE (City or town) (State or country): Lancaster Co Pa

17. INFORMANT: E. A. Sevill

(Address): 3811 Hadley St

18. BURIAL, CREMATION, OR REMOVAL: [illegible] 2/25 37

19. UNDERTAKER: Leckie & Co

(Address): 1217 St Paul Street

25 1937

Lexington Filbert St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 25th, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/30, 1935 to 2/25, 1937.

I last saw him alive on 2/25, 1937. Death is said to have occurred on the date stated above, at 5a. m.

The principal cause of death and related causes of importance were as follows:

Bronchial Asthma — Date of onset 5 years

Generalized arteriosclerosis

Other contributory causes of importance:

Pulmonary Emphysema

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank H. Kruse berg M. D.

(Address) Medical Arts Bldg Baltimore

OCCUPATION is very important. See instructions on back of certificate.

F 32805

F 32805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 Orchard St. 11-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Gloria Chatzman

(a) Residence: No. 417 Orchard St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) April 20 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Chatzman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Elvira Theresa Z

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Elsie Chatzman

(Address) 417 Orchard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Auburn Cem. Date 2/25/37

19. UNDERTAKER Bernard O. Hensley

(Address) 518 Druid Hill Ave.

20. FILED FEB 25 1937 E. Lee Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to ..... death on the day stated above. 12:41 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Other contributory causes of importance:	
	DSW

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Abram Astamer M. D.

(Address) 1210 Dawson St.

V 886 OCCUPATION is very important. See instructions on back of certificate.

F 32806

F 32806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dane Hicks

(a) Residence: No. 119 N. Choptank St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colred	Sigle

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
abt	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Loner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fairmont Maryland

FATHER

13. NAME Leroy Hicks

14. BIRTHPLACE (city or town) (State or country) Elizabeth City North Caroln

MOTHER

15. MAIDEN NAME Lavia Hayes

16. BIRTHPLACE (city or town) (State or country) Maryld

17. INFORMANT Sandy Dorsey

(Address) 119 N. Choptank St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date 2-26th 1937

19. UNDERTAKER Bolton & Mangold W. Wright

(Address) 1201 E. Lanvale St

20. FILED 2-25-1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said [illegible] find that said deceased came (Inquest, Autopsy or Inquiry)

to [illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
2nd degree burns	
Anemia	Jan 6

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Jan 6 1937

Where did injury occur? Balto Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home.

Manner of injury Lying in bed smoking

Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. W. Wright M. D.

(Address) 1010 S. Edwards Ave (Corner)

OCCUPATION is very important. See instructions on back of certificate.

V 56

M. D. H. 1268-9

F 32807

32807 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 3-2 Ward) Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Carrie Kraemer

(a) Residence: No. 1004 E. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 12, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Henry Kraemer

14. BIRTHPLACE (city or town) Frankfort
(State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Becker

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Miss Nettie Kraemer
(Address) 2511 W. Fairmount Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Feb. 26, 1937

19. UNDERTAKER Wm. H. Cook
(Address) 1001 W. Baltimore St.

20. FILED Feb 25 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 23, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said inquest, I find that said deceased came
(Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Irban Pneumonia

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violenre) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Coroner, M. D.

(Address) 1010 S. Ellwood Ave.

Use OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32808 — 92-a — F 32808

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 Penna Ave. St., 17-1 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Elizabeth Ruth

If U. S. Veteran specify WAR .....

(a) Residence: No. 906 Penna Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Benjamin Ruth

6. DATE OF BIRTH (month, day, year): May 22 - 1887

7. AGE: Years 49 | Months 9 | Days 0 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): Present

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Chesterfield S.C.

FATHER

13. NAME: Thomas Fair

14. BIRTHPLACE (city or town) (State or country): S.C.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): S.C.

17. INFORMANT (Address): Benjamin Ruth 906 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date 2/25, 1937

19. UNDERTAKER (Address): Robt. A. Pugh 39 Hanover St

Filed 2 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 22nd, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/15, 1937 to 2/22nd, 1937

I last saw h.. alive on Feb. 22nd, 1937. Death is said to have occurred on the date stated above, at 7:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Ht. Endocarditis (Mitral Regurgitation)	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. E. Bell M. D.

(Address) 711 W. Belvedere

M. D. B. 1268-9

F 32809

F 32809 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 157-C

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 12-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stanley Hamilton Watkins

(a) Residence: No. 300 E. 32nd St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb-18-1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME Stanley P Watkins

14. BIRTHPLACE (city or town) (State or country) Alabama

FATHER

15. MAIDEN NAME Jane Moore

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Stanley P Watkins

(Address) 300 East 22nd St

18. BURIAL, CREMATION, OR REMOVAL

Place Tiffin Ohio Date 2/26, 1937

19. UNDERTAKER Williams Cook Co

(Address) 217 St Paul St

20. FILED FEB 25 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-17-37 19 . to 2-24-37, 19

I last saw him alive on 2-24-37 19 . Death is said to have occurred on the date stated above, at 10 05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Patent Ductus Arteriosis (Heart Disease)	

Other contributory causes of importance:

Ichthyosis	

Name of operation None Date of

What test confirmed diagnosis? Clin. - Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh B. McNally M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 32810

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32810

8 2331a

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 4 E 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Blaine Willey

(a) Residence: No. 112 W. Pine St. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-4-1888/1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
At death	52	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Potential Gas Co

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME George Willey

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Emma Deitz

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 2/25 1937

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

20. FILED FEB 25 1937 Huntington Williams

FEB 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-22 1937 to 2-24 1937

I last saw him alive on 2-24 1937 Death is said to have occurred on the date stated above, at 7 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infarct in the right lobe of the cerebellum	?
	?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Hooper M. D.

(Address) Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate

M. D. B 1268-9

Grave #6 ✓ F 32811

32811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Found floating in harbor Ft. J Broadway St., 2-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME White Unknown — If U. S. Veteran specify WAR

(a) Residence: No. Unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: X

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 50	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: "
10. Date deceased last worked at this occupation (month and year): "
11. Total time (years) spent in this occupation: "

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER
13. NAME: "
14. BIRTHPLACE (city or town) (State or country): "

MOTHER
15. MAIDEN NAME: "
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address):

18. BURIAL, CREMATION, OR REMOVAL
Place PUBLIC CEMETERY Date FEB 25 1937 19
Commissioner of Health

19. UNDERTAKER (Address)
For H. A. Koons

FEB 25 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): about Feb 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Drowning	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Probably Accident Date of injury? about Feb 14, 1937

Where did injury occur? Baltimore Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: public harbor

Manner of injury Drowning

Nature of injury Probably drowning

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D. Coroner

(Address) 1010 S. Ellwood Ave.

OCCUPATION is very important. See instructions on back of certificate.

32812

HEALTH DEPARTMENT—CITY OF BALTIMORE

#18022

CERTIFICATE OF DEATH

347

F 32812

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Belto. City Hospitals St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Gray

If U. S. Veteran specify WAR

(a) Residence: No. 914 Calhoun St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) 3/1/1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~80~~ 43	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Nelson Gray

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Myria Garnett

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 2/27 1937

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pleasant St

20. FILED FEB 25 1937 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-22 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-19 1936 to 2-22 1937

I last saw him alive on 2-22 1937 Death is said to have occurred on the date stated above, at 10.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic insufficiency	1 yr
	2 mos

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Baltimore City Hospitals

F 32813

32813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY Hospital St., 11-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME BABY BOY VAUGHAN

(a) Residence: No. 1107 Mc CULLOH St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	BLACK	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) FEB. 10, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ditto

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

FATHER

13. NAME JAMES VAUGHAN

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME HELEN BRASTON

16. BIRTHPLACE (city or town) (State or country) PENNSYLVANIA

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date FEB 25 1937

19. UNDERTAKER Commissioner of Health
(Address)
Per H. A. Moore

25 1937 Huntington Williams MD
Registrar.
3021 H

OCCUPATION IS VERY Important. See instructions.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from FEB 10, 1937, to FEB 21, 1937
I last saw him alive on FEB 21/1937 Death is said to have occurred on the date stated above, at 2:15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PREMATURITY	FEB 93
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? CLIN Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Roland E. Berens M. D.

(Address) University Hospital

32814 ✓ F 32814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Bolden

(a) Residence: No. 13 N. Poppleton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) FEB 15, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) BALTO.
(State or country) MD.

FATHER

13. NAME BEN HEAVEN RICHARDSON

14. BIRTHPLACE (city or town) (State or country) So. CAROLINA

MOTHER

15. MAIDEN NAME GEORGIANA BOLDEN

16. BIRTHPLACE (city or town) (State or country) VIRGINIA

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date FEB 25 1937 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. R. Moore

20. FILED FEB 25 1937 19 Registrar Williams

~~FEB 25 1937~~ 3022 11

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 23 , 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 , 1937 to Feb 23 , 1937

I last saw her alive on Feb 23 , 1937 Death is said to have occurred on the date stated above, at 11:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PREMATURITY	Feb 15 37
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? CLIN Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Roland E. Brien M. D.

(Address) University Hospital

F 32815

32815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

174

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 7-1 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR Worldwar

2. FULL NAME Harry Jackson

(a) Residence: No. 623 Fergus St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellenora Jackson

6. DATE OF BIRTH (month, day, year) Feb 3 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50 yrs		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) Sudden

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sudden Md

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Ellanora Jackson (Address) 910 Boyd St

18. BURIAL, CREMATION, OR REMOVAL

Place National Farm Date Feb 26th 1937

19. UNDERTAKER C. Jones (Address) 111 Pratt St

Funeral Director Williams

FILED MAR 25 1937

Registrar #14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1937

22. I HEREBY CERTIFY, That I last saw the remains described above, held an Inquest + Autopsy on (Inquest, Autopsy or Inquiry) and from the evidence obtained by said Inquest + Autopsy (Inquest, Autopsy or Inquiry) said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fractured of Skull. — Date of onset 2-21-37

Fractured rib - 1-2 - th 7-8-9 - left

Other contributory causes of importance:

Was an operation performed? Sutured Date of 2-21-37

For what disease or injury? Fractured Skull

Name of operation Repair of Skull Date of 2-21-37

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2-21-37

Where did injury occur? 623 Fergus St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fractured Skull

Nature of injury Hit with ax -

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George L. Allen M. D. Coroner

(Address) 507 Aisquith

OCCUPATION is very important. See instructions on back of certificate.

32816 F 32816

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Baby Girl Ulrich

If U.S. Veteran specify WAR .....

(a) Residence: No. 704 W. Lexington St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Feb. 2, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Bernard W. Ulrich

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Jeanette Benoist

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT .....

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL FEB 25 1937

Commissioner of Health

19. UNDERTAKER .....

(Address) .....

Per H. A. Harris

Huntington Williams Asst. Registrar

FILED FEB 25 1937 3023

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1937 to Feb. 22, 1937

I last saw her alive on Feb. 22, 1937. Death is said to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Intracranial Hemorrhage	Feb 19
	about
Other contributory causes of importance:	
Prematurity	Feb 13

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Roland C. Bijur M. D.

(Address) University Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 32817

32817 HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 N Charles St. 11-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR.

2. FULL NAME Louisa Baldwin Rich

(a) Residence: No. 1006 N Charles St., ... Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Edward N. Rich

6. DATE OF BIRTH (month, day, year) Sept 27 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Lunsfield Baldwin

14. BIRTHPLACE (city or town) (State or country) C C Co Md

MOTHER

15. MAIDEN NAME Francis Cargle

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT E N Rich

(Address) 1006 N Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date Feb 26 1937

19. UNDERTAKER Henry P Jenkins & Co

(Address) Cleland Maryland

20. FILED Feb 25 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24 1937

22. I HEREBY CERTIFY, That I attended deceased from 1935 19... to 2-24 1937

I last saw h. E.R. alive on 2-22 1937. Death is said to have occurred on the date stated above, at 2.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John L. Jones M. D.

(Address) 1129 St. Paul St.

OCCUPATION is very important. See instructions on back of certificate.

VR 3

F 32818

32818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 S Mount St. 19-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? 71 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Caroline Fink

(a) Residence: No. 128 S Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adam Fink

6. DATE OF BIRTH (month, day, year) Sept 27 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Wm Fink

(Address) 128 S Mount

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem 2/27 1937

19. UNDERTAKER George A Fahey

(Address) Fallsbut Fayette

Filed 2 25 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24. 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6. 1937. to Feb 24 1937

I last saw h... alive on Feb. 21 1937. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

E 32819

HEALTH DEPARTMENT—CITY OF BALTIMORE

E32819

CERTIFICATE OF DEATH

✓ 23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James J. Seigler

If U. S. Vet. specify WAR No Record

(a) Residence: No. 3620 Park Heights Av St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 14 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John Seigler

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Martha Cole

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Feb 27 1937

19. UNDERTAKER Wm Cook

(Address) 1207 St Paul St

Pallbearers Pallington Williams

FEB 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1937 to Feb 24 1937

I last saw h[illegible] alive on Feb 24 1937. Death is said to have occurred on the date stated above, at 1.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid Hemorrhage	
Other contributory causes of importance:	
Bronchopneumonia	

over

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Raymond L. Faon M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate

F 32820

32820 HEALTH DEPARTMENT—CITY OF BALTIMORE

107-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH Little Sisters of the Poor S. 10-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.....

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Vet. specify WAR No Record

2. FULL NAME Margaret Reilly

(a) Residence: No. 1200 Valley St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Reilly

6. DATE OF BIRTH (month, day, year) 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Luke Quinn

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Farrell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sister Pauline Asst. Supr

(Address) Little Sisters of the Poor

18. BURIAL, CREMATION OR REMOVAL

Place St Peters Date Feb 27th 1937

19. UNDERTAKER Wm E Cook

(Address) 1257 St Paul St

20. FILED FEB 26 1937 Wellington Mitchell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1937 to Feb 25, 1937

I last saw h alive on Feb 24, 1937 Death is said to have occurred on the date stated above, at 6:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia.	6 D
Other contributory causes of importance:	
Asthenia	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. C. Carter, M. D.

(Address) 1114 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

F 32821

F 32821 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Franklin Square Hospital St., 18 Ward)

Length of residence in city or town where death occurred over 10 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Charles E. MacDonald. If U. S. Veteran specify War Record

(a) Residence: No. 1144 West Pratt St., St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie MacDonald

6. DATE OF BIRTH (month, day, year) Jan 5th 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Author

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Book Co

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME George MacDonald

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME F. H. Carroll

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Mrs Bessie MacDonald

(Address) 1144 West Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Feb 26th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED FEB 26 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held a Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1- Cirrhosis of Liver	2-24-37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

Coroner

(Address) 1939 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

32822 HEALTH DEPARTMENT—CITY OF BALTIMORE E 32822

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 9-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Isabelle Lacey

If U.S. Vet. specify WAR No Record

(a) Residence: No. 900 E. North Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) Nov 11th 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing Factory

10. Date deceased last worked at this occupation (month and year) Feb 1937

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Michael Lacey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Julia (Unknown)

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Eleanor Dr Val

(Address) 317 Augusta Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Mar 1st 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED FEB 23 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22 1937 to Feb 25 1937

I last saw h[illegible] alive on Feb 22 1937 Death is said to have occurred on the date stated above, at 8 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5 days
Other contributory causes of importance: Chronic Myocarditis.	?

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benj. H. Isaacs M. D.

(Address) St. Joseph's Hosp.

32823 E 32823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 6-2 Ward)

Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Henrietta Hopkins

(a) Residence: No. 209 Belnord Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If ~~married~~ widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Joseph H. Hopkins

6. DATE OF BIRTH (month, day, year) 5-24-1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
86	9	1 2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Dorchester Co Md. (State or country)

FATHER

13. NAME John Richardson

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Sallie Ann Kirby

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Balto Date Feb 27 1937

19. UNDERTAKER Wm Cook (Address) 1417 St Paul St

20. FILED ..... 19..... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-13 1931 to 2-26 1937

I last saw her alive on 2-26 1937 Death is said to have occurred on the date stated above, at 4.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	2 Wks.
Other contributory causes of importance: Cerebral Hemorrhage	(Sig)

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation ..... NO

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Wm F. Penny M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

Vs 3

32824 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 32824

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2019 Westwood St. 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 35 yrs. ..... mos. ..... ds.

2. FULL NAME Rebecca Tumbler

If U. S. Veteran specify WAR .....

(a) Residence: No. 2019 Westwood ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham Tumbler

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Morris H. Tumbler
(Address) Son

18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship Cem. Date 2/26/37

19. UNDERTAKER Jack Levin Sons
(Address) 1737 E. Baltimore St

20. FILED FEB 26 1937 [illegible] Registrar. M.D.

OCCUPATION is very important. See instructions on reverse side.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1937, to Feb 25, 1937

I last saw h[illegible] alive on Feb 25, 1937 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic	2
Arteriosclerosis	1
Other contributory causes of importance: Dehydration	Feb 22
Acute Cardiac	
Pulmonary Edema	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Harry Glassman M. D.

(Address) 753 W Fayette St

F 32825 F 32825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

Registered No. 3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. 8 mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Leonora Owens

If U.S. Veteran specify WAR

(a) Residence: No. 1921 Brunt St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4.14.36

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8 10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Lenard Owens

14. BIRTHPLACE (city or town) (State or country) unk.

MOTHER

15. MAIDEN NAME Viola Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Viola Owens (Address) 1921 Brunt St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cem Date 2/26 37

19. UNDERTAKER T. E. Kelson (Address) 1303 Presstman st.

20. FILED ..19.. Registered No.

B 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2.24.37

22. I HEREBY CERTIFY, That I attended deceased from 1-17-37 to 2.24.37

I last saw h[illegible] alive on 2.24.37 Death is said to have occurred on the date stated above, at 7:52 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset about
Lobar pneumonia	1.8.37
empyema	
Other contributory causes of importance:	
secondary anemia	1.20.37

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical 1-21-37 Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James D. Carr M. D.

(Address) 515 Mosher Street

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32826

CERTIFICATE OF DEATH

F 32826

1. PLACE OF DEATH Maryland Gen'l. Hosp. Registered No. 98

CITY OF BALTIMORE: (No. 11-3 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Sophia Gebhardt If U. S. Veteran specify WAR

(a) Residence: No. Augsburg Home St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Frederick Gebhardt

6. DATE OF BIRTH (month, day, year) May 23, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Detrick Lewis

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Dorothy

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Theo. Catenhamp (Address) Campfield Rd

18. BURIAL, CREMATION, OR REMOVAL Place Emmanuel Date 2/27/37

19. UNDERTAKER L. Heagun & Son (Address) 322 S Broadway

20. FILED FEB 26 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24-1937

22. I HEREBY CERTIFY, That I attended deceased from 2-22-1937 to 2-24-1937

I last saw h.. alive on 2-24-1937 Death is said to have occurred on the date stated above, at 6.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerotic gangrene left leg	
Other contributory causes of importance: Myocardial Failure	

Was an operation performed? Yes Date of 2-22-37

For what disease or injury? Gangrenous leg

Name of operation amputation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. L. Ewald M.D.

(Address) Md. Gen'l. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

F 32827

F 32827 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92a

REGISTERED NO. 15-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1734 Braddish Ave St. 15 WARD)

2. FULL NAME Alice V. Pierce

(a) RESIDENCE NO. 1734 Braddish (Usual place of abode) St. ? WARD ? (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ? mos. ? ds. ? How long in U. S., if of foreign birth? ? yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emanuel Pierce

6 DATE OF BIRTH (month, day, and year) 1-8-1852

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85 yrs.	1 mo	0 26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife - at home

(b) General nature of industry, business, or establishment in which employed (or employer) X

(c) Name of employer X

9 BIRTHPLACE (city or town) (State or country) Baltimore County

PARENTS

10 NAME OF FATHER Henry B. Triplett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Co.

12 MAIDEN NAME OF MOTHER Mary E. ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Co.

14 Informant Eugene D. Pierce
(Address) 2141 Pulaski [illegible] Huntington Milwaukee, Wis.

15 Filed FEB 26 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/24/37

17

I HEREBY CERTIFY, That I attended deceased from 7-4-1933, 19 , to 2-23- , 1937.

That I last saw her alive on 2-23- , 1937.

and that death occurred, on the date stated above, at 10-10 P. m.

The CAUSE OF DEATH* was as follows: Influenza complicated with pulmonary congestion. +

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Valvular lesion of heart. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of ?

Was there an autopsy? No.

What test confirmed diagnosis? Nothing specific.

(Signed) M. H. Hoffman M. D.

2/25, 1937 (Address) 2500 Garrison Blvd. Balto.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem.

DATE OF BURIAL Feb 27 1937

20 UNDERTAKER J. M. Stephens Sons

ADDRESS Balto Md

TION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

32828 32828

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2103 Elmora St. 15-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henrietta Frances Davis

If U. S. Veteran specify WAR

(a) Residence: No. 2103 Elmora ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Kerr Davis

6. DATE OF BIRTH (month, day, year) July 18 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bay of Fundy

FATHER

13. NAME Capt James E. Smith

14. BIRTHPLACE (city or town) (State or country) Liverpool England

MOTHER

15. MAIDEN NAME Henrietta Gardner

16. BIRTHPLACE (city or town) (State or country) Nova Scotia

17. INFORMANT Samuel Kerr Davis

(Address) 2103 Elmora ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Feb 26 1937

19. UNDERTAKER H. J. Pregnall & Son

(Address) Northern ave

20. FILED [illegible] Registrar.

FEB 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 23 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1937 to Feb 23 1937

I last saw her alive on Feb 23 1937 Death is said to have occurred on the date stated above, at 1145 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of diseases	
several years duration.	
Edema of	1934
Arrhythmic heart with Edema	1937.

Other contributory causes of importance:

and loss of Kidney function

Terminal 2/22/1937

Was an operation performed? Date of

For what disease or injury? No

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury No

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Wesley Cole M. D.

(Address) 2207 Eutaw Pl Bldg

OCCUPATION is very important. See instructions on back of certificate.

32829 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 32829

CERTIFICATE OF DEATH

495B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Maryland General Hospital (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 2 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Florence V. Forsythe
If U. S. Veteran specify WAR

(a) Residence: No. 1508 Williams St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Herman E. Forsythe

6. DATE OF BIRTH (month, day, year) Dec. 20 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER

13. NAME George Schuman

14. BIRTHPLACE (city or town) Balto. Md.
(State or country)

MOTHER

15. MAIDEN NAME Rose Schultz

16. BIRTHPLACE (city or town) Balto. Md.
(State or country)

17. INFORMANT Herman E. Forsythe
(Address) 1508 William St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date 2/27 19 37

19. UNDERTAKER J. Few McCully
(Address) 130 E. Fort Ave.

20. FILED ... 19... [illegible] Registrar.

FEB 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-25- 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/18/37 19... to 2/25/37 19...
I last saw her alive on 2/25/37 19... Death is said to have occurred on the date stated above, at 9:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Generalized Arteriosclerosis	
Hypertension - C-V disease	

Other contributory causes of importance:

Was an operation performed? No- Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Josiah A. Hunt. M. D.
(Address) Md. Gen. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

32830 HEALTH DEPARTMENT—CITY OF BALTIMORE 32830

17600 ✓ 50

CERTIFICATE OF DEATH

Registered No. 27-18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 27 Ward) 8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1877 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Vet. specify WAR No Record.

2. FULL NAME Crescentia Neubeck

(a) Residence: No. 5260 Cordelia Ave., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of Joseph (P) Neubeck

6. DATE OF BIRTH (month, day, year) 8-16-1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Zeilman (D)

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Crescentia (D)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date Feb 1st 1937

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-25- 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-1 1936 to 2-25- 1937

I last saw h[illegible] alive on 2-25- 1937 Death is said to have occurred on the date stated above, at 1.45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of L. breast	9 mos.
Other pathological causes of importance: Bronchopneumonia	3 days

Was an operation performed? yes Date of 2-17-37

For what disease or injury? Carcinoma of breast

Name of operation Mastectomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M.D.

(Address) Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

FEB 26 1937 Registrar, Vital Statistics, Baltimore City

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32831

CERTIFICATE OF DEATH ✓ 121

F 32831

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 12-3 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John W. McDaniel

If U.S. Veteran specify WAR .....

(a) Residence: No. 325 E 28th St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Wheatley McDaniel

6. DATE OF BIRTH (month, day, year) Sept. 16, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Alfred P. McDaniel

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rebecca Coard

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John W. McDaniel Jr.
(Address) 325 E. 28th St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date Feb. 26 1937

19. UNDERTAKER Harry H. Nitzke
(Address) 4101 E. Monument Ave

20. FILED FEB 26 1937 Huntington Williams M.D. Registrar.

OCCUPATION is very important. See instruction on page 2.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 21 1937 to Feb 24 1937

I last saw h— alive on Feb 24 1937. Death is said to have occurred on the date stated above, at 1.40 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrenous Appendicitis - Rupture & Generalized Peritonitis	7 days
Other contributory causes of importance:	
Uremia	4 days

Was an operation performed? yes Date of 2-22-37

For what disease or injury? Gangrenous Appendicitis

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Roy H. Sanger M. D.

(Address) St. Joseph's Hosp.

F 32832

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32832

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2032 Madison Ave. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Wilbert Harris

(a) Residence: No. 2032 Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ of Genevieve H. Harris

6. DATE OF BIRTH (month, day, year) Jan. 12-1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher 0068

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Schools

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph H. Harris

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Hattie A. Moore

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Genevieve H. Harris (wife)

(Address) 2032 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL Arbutus Mem. Park Date 3-28-37

19. UNDERTAKER John M. Johnson

(Address) 1700 Druid Hill Ave.

20. FILED FEB 26 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1936 to Feb 24 1937

I last saw him alive on Feb 24 1937 Death is said to have occurred on the date stated above, at 3:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular-Renal disease	?
Cerebral Thrombosis	1/21/37

Was an operation performed? no Date of -

For what disease or injury? -

Name of operation - Date of -

What test confirmed diagnosis? Urine - Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury - 19..

Where did injury occur? -
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place -

Manner of injury -

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. P. Slaughter M.D.

(Address) 825 N. Fremont Ave

OCCUPATION is very important. See instructions on back of certificate.

F 32833 ✓ F 32833

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3506 E. Lombard St. Ward 6-8)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Paul Lenard

If U. S. Veteran specify WAR .....

(a) Residence: No. 3506 E. Lombard St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes

6. DATE OF BIRTH (month, day, year) Feb 28 1872

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
14	65	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 0015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 7/1/37

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Barlag

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Magdalena Mitchell (Address) 3506 E. Lombard St

18. BURIAL, CREMATION OR REMOVAL Place Oakland Date 2/26/37

19. UNDERTAKER John Ulbrich (Address) 2008 Aliceanna St

20. FILED ..... 19 ..... Registrar.

FEB 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cerebral Concussion	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Feb 21 1937

Where did injury occur? 3506 Block Baltimore Md. Eastern Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: on the street

Manner of injury Fall - hitting head on Curb stone

Nature of injury Cerebral Concussion

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. M. Wright Coroner, M. D.

(Address) 1010 S. Wolfe St

V 86

SEE SECTION 5 OF RULES. OCCUPATION is very important. See instructions on back of certificate.

E 32834

32834

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

17946 Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Rejzek

(a) Residence: No. 535 [illegible] N. Clover St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Rejzek

6. DATE OF BIRTH (month, day, year) 1-20-1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store-clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6004

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Joseph Rejzek

14. BIRTHPLACE (city or town) Austria
(State or country)

MOTHER

15. MAIDEN NAME Catherine Hoerner

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Oak Hill Cem Date 2/26-37

19. UNDERTAKER John Ulrich
(Address) 2211 Orleans St

20. FILED 2-26 1937 [illegible]

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-23-1937

22. I HEREBY CERTIFY, That I attended deceased from 10-15 1936 to 2-23 1937

I last saw him alive on 2-23 1937 Death is said to have occurred on the date stated above, at 2.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Renal Disease	2½ yrs
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation NO

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) [illegible] Kenny M. D.

(Address) Baltimore City Hospitals

B 26 1937

F 32835 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

53-EF 32835

Registered No.:

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 16-E Ward)

Length of residence in city or town where death occurred 66 yrs. 5 mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret M. Blymer

(a) Residence: No. 1943 Mosher St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. Single, ~~Married, Widowed, or Divorced~~ (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 11-1870

7. AGE — Years 66 | Months 5 | Days 14 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Samuel Blymer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Schaefer

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. E. F. Nettam (Address) 1516 Clermont St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Carmel Cem. Date Mar 1st 37

19. UNDERTAKER J. Bryan Boyle (Address) 2228 N. Charles St.

20. FILED FEB 26 1937 Huntington Williams, M.D. Registrar.

OCCUPATION IS VERY IMPORTANT. BE SURE TO ANSWER ALL QUESTIONS.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1937 to Feb 25 1937

I last saw h[er] alive on Feb 25, 1937. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Thyroid	Sept 1936
Bronchopneumonia	Feb 22, 37
Cardiac Failure	Feb 25, 37

Other contributory causes of importance:

Was an operation performed? Yes Date of Feb 24, 1937

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel Schwartz M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32836

CERTIFICATE OF DEATH

97 F 32830

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2735 Tivoly Ave. St., 9-6 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Georgianna White

If U.S. Veteran specify WAR ....

(a) Residence: No. 2735 Tivoly Ave., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nathaniel S. White

6. DATE OF BIRTH (month, day, year) Feb. 2, 1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
92	91	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown Va.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Emma F. Johnson
(Address) 2735 Tivoly Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olive Cem. Randallstown Date Feb 26, 1937

19. UNDERTAKER John F. Dempsey
(Address) 715 Light St

20. Filed Feb 28 1937 Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-22-, 1937 to 2-23-, 1937

I last saw her alive on 2-23- 11.50 1937 Death is said to have occurred on the date stated above, at p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	Unknown
Other contributory causes of importance: Arteriosclerosis + hypertension	Unknown

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. B. Lyberger M. D.

(Address) 2802 Harford ave

B 28 1937

M. D. B. 1268-9

F 32837

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32837

CERTIFICATE OF DEATH

54-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., 26 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Alice Klingstine

(a) Residence: No. 4206 Maine Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced WIFE of John N. Klingstine

6. DATE OF BIRTH (month, day, year) July 11 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER | FATHER

13. NAME George D. Iverson

14. BIRTHPLACE (city or town) (State or country) Matthews Co. Va.

15. MAIDEN NAME Alice B. Keeble

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT (Address) John N. Klingstine 4206 Maine Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Feb 26, 1937

19. UNDERTAKER (Address) John F. Lennon 11 E. Eight St.

20. FILED Feb 26 1937 [illegible]

State CAUSE OF DEATH in such terms that it can be classified. See instructions on back of certificate. OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 16 1937 to Feb. 22 1937

I last saw her alive on Feb. 22 1937. Death is said to have occurred on the date stated above, at 10:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Coronary Thrombosis	Nov. 1936 Feb 22, 37

Other contributory causes of importance:

Name of operation Cystoscopy Date Feb 17, 1937

What test confirmed diagnosis Cystoscopy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Clinic Hosp.

M. D. B 1268-9

F 32838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

203G F 32838

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 S. Hanover St. 12-6 Ward)

Length of residence in city or town where death occurred 0 yrs. 9 mos. 4 ds. How long in U. S. If of foreign birth 60 yrs. 0 mos. 7 ds.

2. FULL NAME Lowell Winslow Cavner If U. S. Veteran specify WAR NONE

(a) Residence: No. 2742 N. Charles St., Ward. Flint Michigan

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Pearl W. Cavner

6. DATE OF BIRTH (month, day, year) Feby-17-1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Employers Liability Assurance

10. Date deceased last worked at this occupation (month and year) Feb 24 1937

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Ionia Michigan

FATHER

13. NAME Alexander Cavner

14. BIRTHPLACE (city or town) (State or country) Flint Michigan

MOTHER

15. MAIDEN NAME Emma Tower

16. BIRTHPLACE (city or town) (State or country) Flint Michigan

17. INFORMANT Mrs Pearl W. Cavner (wife)

(Address) 2742 N Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemetery Date Feb 26 1937

19. UNDERTAKER Stewart & Hamilton Co.

(Address) 108 W Saratoga Ave

20. FILED Feb 25 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/24/1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... found that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fx. Skull	
Crushed neck & body	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2/24/1937

Where did injury occur? Buelo Mfg (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 112-114 S. Harper

Manner of injury Caught between elevator

Nature of injury Fx of Skull

24. Was disease or injury in any way related to occupation of deceased? Yes If so, state how Was at work

(Signed) Orvin B Wallace M. D.

(Address) 1031 St Paul St

State CAUSE OF DEATH in plain words. See instructions on back of certificate. OCCUPATION is very important.

Over

F 32839

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32839

CERTIFICATE OF DEATH

92-W

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Winona Apts. St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. 5 mos. 0 ds. How long in U. S. If of foreign birth 86 yrs. 5 mos. 0 ds.

2. FULL NAME Jean Falconer Perkins

If U. S. Veteran specify WAR NONE.

(a) Residence: No. Winona Apts St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elisha T. Perkins

6. DATE OF BIRTH (month, day, year) Sept. 23. 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) 1891

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Falconer

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Charlotte Soutter

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Lena Findlay (daughter)

(Address) Rock Hall Md

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Date Feb 26 37

19. UNDERTAKER Stewart Mortuary Co.

Address 1016 W. Mt. Ave.

20. FILED Feb 25 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1936 to July 23, 1937

I last saw her alive on July 23, 1937. Death is said to have occurred on the date stated above, at 11:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolism	July 21
Other contributory causes of importance: Chr. Valvular heart disease	1925

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas J. Keller M. D.

(Address) 733 N. Monument St

OCCUPATION is very important. See instructions on back of certificate.

VS 3

2840 HEALTH DEPARTMENT—CITY OF BALTIMORE 32840

CERTIFICATE OF DEATH

50 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3707 Edmondson Ave St., 16-X Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Godfrey Burdette

If U. S. Veteran specify WAR .....

(a) Residence: No. 3707 Edmondson Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Roland Burdette

6. DATE OF BIRTH (month, day, year) Feb 16 - 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm H. Godfrey

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Frances Brodel

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Edna Godfrey Mother

(Address) New Market Frederick Co Md

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date 2/27/ 1937

19. UNDERTAKER Ellis S. White

(Address) 2334 Madison Ave

20. FEB 26 1937 Huntington Williams, M.D.

OCCUPATION is very important. See instructions on reverse side.

V S 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1936, to Feb 25, 1937.

I last saw her alive on Feb 24, 1937. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinoma Liver	Jan 37
Other contributory causes of importance: Carcinoma Breast	?

Was an operation performed? Sept 36 Feb 37 Date of .....

For what disease or injury? Carcinoma Breast

Name of operation Breast amputation Date of Sept 36

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Alma B Lemmon, M. D.

(Address) 718 N Patterson Park Ave

VL 0509 Dr Blake / 20 E Preston

F 32841 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 32841

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 333 Lorraine ave St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? 33 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME David H. Kaufman

(a) Residence: No. 333 Lorraine ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Rebecca

6. DATE OF BIRTH (month, day, year) 5-10-1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56 57	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Re

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant 0045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. Name Zelmon Kaufman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Charna

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry D. Kaufman
(Address) 333 Lorraine ave

18. BURIAL, CREMATION, OR REMOVAL Date 2/26/37
Beth Tefiloh Cem

19. UNDERTAKER Jack Lewis Inc
(Address) 1437 E. Lafayette st

20. FILED FEB 28 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1935 to Feb 25 1937

I last saw h... alive on Feb 25 1937. Death is said to have occurred on the date stated above, at 9 p.m.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation — 1928
Myocarditis

Other contributory causes of importance:

Pulmonary edema

Date of onset

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no

(Signed) Chas D Blake, M. D.

(Address) 20 E Preston St

OCCUPATION is very important. See instructions on back of this form.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32842

CERTIFICATE OF DEATH

108 F 32842

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 3 mos. d. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nathaniel Thomas

If U.S. Veteran specify WAR

(a) Residence: No. 1115 McCulloh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Child

6. DATE OF BIRTH (month, day, year) 10/23/36

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3 4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Leonard Mack

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Thelma Thomas

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Thelma Thomas

(Address) 1115 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL Mount Calvary Feb 26 1937

Place

19. UNDERTAKER Independent Funeral

(Address) 928 Druid Hill Ave.

20. DATE RECEIVED Feb 26 1937 Huntington Williams, M.D. Registrar.

B 261937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-23 1937

22. I HEREBY CERTIFY, That I attended deceased from 2.18. 1937. to 2.23. 1937

I last saw him alive on 2.25. 1937. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2.16.37

Other contributory causes of importance:

none

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis Clinical & X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James D. Corr M. D.

(Address) 515 Mosher St

32843 — 19738 — 32843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 22-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bozman Riddick

(a) Residence: No. 49 E. Hughes St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 11-17-1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Wesley Riddick

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Ella

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
JOHNS HOPKINS MEDICAL SCHOOL FEB 26 1937 19
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED Feb 27 1937 Registrar

No. 3024

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-19-1937

22. I HEREBY CERTIFY, That I attended deceased from 1-16-1936 to 2-19-1937

I last saw h.. alive on 2-19-1937 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

Uremic Insufficiency — Duration 3 yrs

Other contributory causes of importance: Varicose ulcers of Legs — Duration 2 yrs

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? N/A If so, specify .....

(Signed) John F. Lanny M. D.

(Address) Baltimore City Hospitals

STATE CAUSE OF DEATH IN DETAIL. See instructions on back of certificate. OCCUPATION is very important.

A4Co. 5-11 250B

32844 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 32844

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 N. Mount St. 16-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Washington Weaver

(a) Residence: No. 807 N. Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma Weaver

6. DATE OF BIRTH (month, day, year) Oct. 3-1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 016

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New Bruns N. C.

FATHER

13. NAME Emus Weaver

14. BIRTHPLACE (city or town) (State or country) New Bruns N. C.

MOTHER

15. MAIDEN NAME Dorsey Lute

16. BIRTHPLACE (city or town) (State or country) New Bruns N. C.

17. INFORMANT Emma Weaver
(Address) 807 N. Mount St

18. BURIAL, CREMATION, OR REMOVAL
Place Arlington Memorial Date Feb 26 1937

19. UNDERTAKER Wm. George H. Holland
(Address) 1031 Druid Hill Ave

20. FILED Feb 27 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb-23-1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1937 to Feb 22, 1937
I last saw him alive on Feb 22 1937 death is said to have occurred on the date stated above, at 1A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2-10-37

Other contributory causes of importance:

Exhaustion

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. B. Hughes M. D.

(Address) 1413 Druid Hill Ave

State CAUSE OF DEATH in such terms that a physician may code it accurately. OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 32845

32845 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

62-A

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital 26-5 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Peter Susan Russell

(a) Residence: No. 443 Englewood Av St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist 0031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Continental Can Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Brest Md.

FATHER

13. NAME Kasmar Susin

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Dora Surdey

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mary Bernasrikowske (Address) 508 Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL Place Oakland Date Feb. 27, 1937

19. UNDERTAKER John A. Moran (Address) 3000 E. Balto St.

20. FILED 2 26 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. W. Wright Coroner M. D.

(Address) 1010 S. Ellwood Ave

State CAUSE OF DEATH in such terms that OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 32846

32846

HEALTH DEPARTMENT—CITY OF BALTIMORE

106-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6500 Armstrong Ave St. 26-1 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Margaret E Barrett

(a) Residence: No. 6500 Armstrong Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, (Husband) (or) WIFE of Patrick Barrett

6. DATE OF BIRTH (month, day, year) Dec 26, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Coffey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Grace

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary M. Barrett
(Address) 6500 Armstrong Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St Charles Cemetery Date Feb 27, 1937

19. UNDERTAKER Rita Wrenfield
(Address) 4144 Beaumont Ave

FEB 26 1937 Huntington Williams

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 19th, 1937, to Feb 25th, 1937

I last saw h[er] alive on Feb 25, 1937. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis	2-16-37

Other contributory causes of importance:

Senility & arterio-sclerosis	unknown

Name of operation ... Date of ...

What test confirmed diagnosis? Physical Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) C. B. Ensor M. D.

(Address) 4936 Park Heights Ave

M. D. B 1268-9

✓ F 32847

32847

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 S. Washington St. 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ignatius Kotecki

(a) Residence: No. 109 S. Washington St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) Feb 1 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	—	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired Flue welder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Maciej Kotecki

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Agnes — —

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Anna Kotecki

(Address) 109 S. Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem Date March 1 1937

19. UNDERTAKER John M. Weber

(Address) 401 S. Chester St

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary embolism	

Other contributory causes of importance:
Chronic myocarditis

Was an operation performed? ... Date of ...

For what disease or injury? .....

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. M. Wright M. D.
Coroner

(Address) 1610 S. Ellwood Ave

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

F 32848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 F 32848

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213- Ensor Street St. 10-1 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kathryn Fleckenstein

If U.S. Veteran specify WAR no

(a) Residence: No. 1213-Ensor Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of - - - - -

6. DATE OF BIRTH (month, day, year) 4/14/1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	10	10	xxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Chas. P. Fleckenstein

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Margaret (Smith)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Chas. P. Fleckenstein
(Address) 1213-Ensor Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. 2/27/37

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1755-Harford Ave.

20. Filed [illegible] Registrar

B 251037

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-20-1928 to 2-25-1937

I last saw her alive on 2-27-1937 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	about 10 years

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Jno. B. Lybert M. D.

(Address) 1307 Harford

OCCUPATION is very important. See instructions on back of certificate.

✓ F 32849

32849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 S. Conkling St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret De Matteis

(a) Residence: No. 623 S. Conkling St., 26 Ward. Feb. 25, 37

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Octavio De Matteis

6. DATE OF BIRTH (month, day, year) June 2nd 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Ursula Schmidt.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME ? Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Adam De Matteis

(Address) 623 S Conkling St

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Mar. 1 1937

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) 405 S Fulton Ave

FEB 26 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/20/37, 19, to 2/25/37, 19

I last saw h[illegible] alive on 2/24/37, 19 Death is said to have occurred on the date stated above, at 12 a. m.

The principal cause of death and related causes of importance were as follows:

Asthma Seizure — Date of onset

Chronic myocarditis,

Chronic interstitial nephritis

Other contributory causes of importance:

acute Coryza dilatation

Was an operation performed? No Date of -

For what disease or injury? -

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury [illegible] related to occupation of deceased?

If [illegible]

(Signed) H. H. Snell M. D.

(Address) 638 S. Conkling

STATE CAUSES OF DEATH IN THIS OCCUPATION is very important. See instructions on back of certificate.

32850 F 32850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 26-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1906 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jane Butterfield

If U. S. Veteran specify WAR

(a) Residence: No. 402 Grundy St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas

6. DATE OF BIRTH (month, day, year) 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Glaspi

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Date Mar 1 37

19. UNDERTAKER Lilly & Zeiler Inc. 402 S. Eutaw

(Address)

20. FILED 2 Mar 1937 Huntington Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-26, 1936 to 2-25, 1937

I last saw her alive on 2-25, 1937 Death is said to have occurred on the date stated above, at 8:07 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	Unk
Other contributory causes of importance. Arrhythmia Atrians	Unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Wm. J. Ramsey M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH and OCCUPATION is very important. See instructions on back of certificate.

M. D. H 1268-9

32851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 32851

8-5-164a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 NORMAL AVE. St. 8 Ward)

Length of residence in city or town where death occurred LIFE mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME CARRIE WUSHNAK

(a) Residence: No. 1702 NORMAL AVE. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of JOHN H. WUSHNAK

6. DATE OF BIRTH (month, day, year) NOV. 28/1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	56	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

FATHER

13. NAME GEORGE SHAMEL

14. BIRTHPLACE (city or town) (State or country) BALTO. MD.

MOTHER

15. MAIDEN NAME CARRIE SCHWARTZ

16. BIRTHPLACE (city or town) (State or country) BALTO. MD.

17. INFORMANT JOHN H. WUSHNAK. (HUS)
(Address) 1702 NORMAL.

18. BURIAL, CREMATION, OR REMOVAL
Place HOLY REDEEMER. Date FEB. 27 1936

19. UNDERTAKER Filly & Feiler Inc.
(Address) 403 S. Paca St.

FEB 26 1936 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB. 23 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon monoxide poisoning (Illuminating Gas)	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of Injury 2/23/1936

Where did injury occur? 1702 Normal Ave. Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Put gas tube in mouth

Nature of injury Turned on gas.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schleicher M. D.
Coroner

(Address) 1917 E. North ave.

State CAUSE OF DEATH in plain words. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

F 32852

32852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-a

Registered No. 26-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4512 Furley Ave St. 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? 23 yrs. mos. ds.

2. FULL NAME Angela Marengo Profili

(a) Residence: No. 4512 Furley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Domenico Profili

6. DATE OF BIRTH (month, day, year) Sept 20 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Bernardino Marengo

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Anna Lanita

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Husband
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb-27 1937

19. UNDERTAKER Frank V. Pipitone
(Address) 2815 E. Baltimore st

B 26 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1935, 19..., to February 25, 1937

I last saw her alive on February 25, 1937. Death is said to have occurred on the date stated above, at 7.20a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	Unknown
Chronic Endocarditis	Unknown
Chronic Myocarditis	Unknown

Other contributory causes of importance:

Acute Myocardial Failure	1 day

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Philip Sarr Artigiani M. D.

(Address) 2942 East Fayette Street

State CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 32853

32853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

1. PLACE OF DEATH: Found-Harbor of Broadway St. 2-25 Ward)
CITY OF BALTIMORE: (No.

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Kowalewski

(a) Residence No. 217 S. Regester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boat
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME John Kowalewski
14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Rosalia Kinkala
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Walter Kowalewski
(Address) 729 Montford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Feb 27, 19

19. UNDERTAKER F W Olszewski
(Address) 1930 Edelson Ave

20. Filed 19 Registrar.

28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Found Feb 25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably drowning	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Probably accident Feb 20, 1937
Accident, suicide, or homicide? Date of injury
Where did injury occur? Boat Md
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Found floating in harbor Foot of Broadway
Manner of injury Probably fell overboard
Nature of injury Probably drowning

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. M. Wright M. D.
Coroner
(Address) 1010 S. Edmondson Ave

state CAUSE OF DEATH in plain terms. See instructions on back of certificate.
OCCUPATION is very important.

H

M. D. B. 1268-9

F 32854

32854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 W MT VERNON PLACE St. 11-7 Ward)

Length of residence in city or town where death occurred 77 yrs. — mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME SUSAN KATHARINE BRUNE RANDALL

(a) Residence: No. 8 W. MT VERNON PLACE St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of BLANCHARD RANDALL

6. DATE OF BIRTH (month, day, year) July 22 1860

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
77	—	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) BALTIMORE CITY

FATHER

13. NAME FREDERICK WM. BRUNE

14. BIRTHPLACE (city or town) (State or country) BALTIMORE CITY

MOTHER

15. MAIDEN NAME EMILY STONE BARTON

16. BIRTHPLACE (city or town) (State or country) FREDERICKSBURG VIRGINIA

17. INFORMANT BLANCHARD RANDALL JR.
(Address) 4901 GREENSPRING AVE.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place GREENMOUNT CEM Date FEB 27 1937

19. UNDERTAKER HENRY H. JENKINS & SONS CO
(Address) McCULLOH & ORCHARD STS

Filed ... 19... Registrar.

FEB 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Febuary 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1937, to Febuary 25, 1937
I last saw h.er alive on Feb 25, 1937. Death is said to have occurred on the date stated above, at 7.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Senile dementia	

Other contributory causes of importance:

bronchopneumonia (terminal)	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) M C Pincoffs M. D.

(Address) University Hospital Balto.

State CAUSE OF DEATH in such terms that a physician can code it. OCCUPATION is very important. See instructions on back of certificate.

32855

F 32855

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-a

1. PLACE OF DEATH St. Agnes' Hospital — Registered No. ....

CITY OF BALTIMORE: (No. Wilkens + Caton Ave St. 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Barbara A. Bonnewell — If U.S. Veteran specify WAR ....

(a) Residence: No. Rock Hall Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 27, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2yrs.	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Rock Hall Maryland

FATHER

13. NAME Harry J. Bonnewell

14. BIRTHPLACE (city or town) (State or country) Bonsor Va

MOTHER

15. MAIDEN NAME Bessie Lee.

16. BIRTHPLACE (city or town) (State or country) Rock Hall Md

17. INFORMANT Harry J. Bonnewell (Address) Rock Hall Md.

18. BURIAL, CREMATION, OR REMOVAL Place Wesley Chapel Cem Co Date Feb 27 1937

19. UNDERTAKER Williams Good (Address) Church Hill

....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26-1937

22. I HEREBY CERTIFY, That I attended deceased from 2-25- 1936 to 2-26- 1937

I last saw her alive on 2-26 1937 Death is said to have occurred on the date stated above, at 5.25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypernephroma of Right kidney with Lung metastasis.	1936
Bronchial Pneumonia	2-22-37
Other contributory causes of importance:	

Was an operation performed? Yes Date of Aug. 25, 1936

For what disease or injury? Nephrectomy

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury .... 19....

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ....

(Signed) Louis L. Llewelyn M. D.

(Address) St. Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

FEB 26 1937

FEB 26 19

F 32856

32856 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton Ave. St. 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Miss Mary Beadenkopf

If U.S Veteran specify WAR .....

(a) Residence: No. 616 Park Ave., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -------

6. DATE OF BIRTH (month, day, year) -------

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Not obtainable

14. BIRTHPLACE (city or town) (State or country) Not obtainable " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Sister Rose

(Address) 616 Park Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date 2/27 1937

19. UNDERTAKER Henry U. Meary & Son

(Address) 805 N. Calvert St.

20. FILED Huntington Williams M.D.

FEB 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-25- 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-21- 1937 to 2-25- 1937

I last saw her alive on 2-25 1937 Death is said to have occurred on the date stated above, at 1.30 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Chronic Nephritis

Date of onset ✓

Other contributory causes of importance:

Bronchopneumonia 2/21/37

Was an operation performed? No Date of No

For what disease or injury?

What test confirmed diagnosis? clinical Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Daniel F. Wilmer, M. D.

(Address) St Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 32857

32857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital, St., 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Silas Mayhugh

(a) Residence: No. Alberton Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Time Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Easton Sons (Address) Ellicott City Md.

18. BURIAL, CREMATION, OR REMOVAL Place Good Shepherd Cem. Date Feb. 28 1937

19. UNDERTAKER Easton Sons (Address) Ellicott City

20. FILED B 26 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1937 to Feb 26, 1937

I last saw him alive on Feb 26, 1937 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 22 '37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. W. Rothmann M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 32858

32858

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals No-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Addie Merbach (21066)

If U. S. Veteran specify WAR

(a) Residence: No. 427 Bonsal St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 7, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charles Merson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Oak Lawn Cem. Date Feb. 27 37

19. UNDERTAKER E. Miller & Sr.
(Address) 2334 Jefferson St.

20. FILED Feb 25 1937 Washington Miller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 25 1937

22. I HEREBY CERTIFY, That I attended deceased from February 13, 1937 to February 25, 1937

I last saw her alive on February 25, 1937. Death is said to have occurred on the date stated above, at 12:13 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	1934
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide, or Homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm H. Feldman M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain English. Do not use abbreviations or technical terms. OCCUPATION is very important. See instructions on back of certificate.

F 32859

32859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....da. How long in U. S. If of foreign birth?.....yrs.....mos.....da.

If U. S. Veteran specify WAR .....

2. FULL NAME (Kate) Katherine Hecker

(a) Residence: No. 1428 Gough St. St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 7-23(?) - 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 5

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Date MAR 1 1937

19. UNDERTAKER Robert S. Stocks
(Address) [illegible]

20. FILED MAR 1 1937 19... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26-1937

22. I HEREBY CERTIFY, That I attended deceased from 3-27-1935 to 2-26-1937

I last saw h.e alive on 2-26-1937 Death is said to have occurred on the date stated above, at 7.05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	3 wks
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) John F. Ramey M.D.

(Address) Baltimore City Hospitals

B 28 1937

V8 5

state CAUSE OF DEATH in plain words. See instructions on back of certificate. OCCUPATION is very important.

F 32860

32860

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V46-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 Gwynn Ave St., 20-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William W. Reed If U.S. Veteran specify WAR No Record

(a) Residence: No. 313 Gwynn Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~ Harriett Reed

6. DATE OF BIRTH (month, day, year) June 11th 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paint Mixer

9. Industry or business in which work was done, as ~~steam~~ mill, saw mill, bank, etc. Decorating Co

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME Thomas Reed

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Drucilla Washington

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Drucilla Reed Barkley

(Address) 313 Gwynn Ave

18. BURIAL, CREMATION, OR REMOVAL Angel Hill Md

Place Harris & Grace Date Feb 27th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Williams, Inc

MAR 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25th 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20 1936 to Feb. 25 1937

I last saw him alive on Feb. 20 1937 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cardiac failure — Date of onset

Other contributory causes of importance: Cancer of Colon

Was an operation performed? yes Date of November 1936

For what disease or injury? Cancer

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. D. Trautman M. D.

(Address) 1123 St. Paul St.

OCCUPATION is very important. See instructions on back of certificate.

F 32861

32861 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-C

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1832 N. Chester St. 8-5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John William Burke If U.S. Veteran specify WAR No Record

(a) Residence: No. 1832 N. Chester St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed, Divorced~~ (write the word): Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~late wife of~~ Elizabeth Burke

6. DATE OF BIRTH (month, day, year) April 3rd 1878

7. AGE: Years 58 | Months 10 | Days 21 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 1009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc., Railway Express Co

10. Date deceased last worked at this occupation (month and year) 1/5/37

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James B. Burke

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary F. Carwell

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Elizabeth Burke (Address) 1832 N. Chester St

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Feb 27th 1937

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED ... Huntington Williamson ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1937 to Feb. 24, 1937

I last saw him alive on Feb. 22, 1937. Death is said to have occurred on the date stated above, at 7:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of ...

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Wheeler, M. D.

(Address) 1919 E. North ave.

OCCUPATION is very important. See instructions on back of certificate.

F 32862

32862

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hosp St. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie A. Young

If U. S. Veteran specify WAR No Record

(a) Residence: No. 123 S. Hilton St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Thomas L. Young Sr.

6. DATE OF BIRTH (month, day, year) Oct 28th 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME William Brinsfield

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mackavoy

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Thomas L. Young Sr

(Address) 123 S. Hilton St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Mar 1st 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 2-27-1937 Huntington A. Williams Registrar.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26th, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-2-37, 19, to 2-26-37, 19

I last saw her alive on 2-26-37, 19 Death is said to have occurred on the date stated above, at 7:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cholecystitis	
Myocardial Failure	
Other contributory causes of importance:	
Bronchial Asthma	

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. L. Stephens, M. D.

(Address) Md Gen Hosp

State CAUSE OF DEATH with OCCUPATION is very important. See instructions on back of certificate.

32863

F 32863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 E. Lafayette Ave 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sherwood Hamilton

If U.S. Veteran specify WAR No Record

(a) Residence: No. 1824 E. Lafayette Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed~~, or ~~divorced~~ HUSBAND of ~~Wife of~~ Ada B Hamilton

6. DATE OF BIRTH (month, day, year) Dec 23rd 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Life Insurance

10. Date deceased last worked at this occupation (month and year) Feb 1937

11. Total time (years) spent in this occupation 3.

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James C. Hamilton

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary J. Reilly

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Ada B Hamilton

(Address) 1824 E. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mar 1st 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED MAR 27 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25th 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1937 to Feb 25 1937

I last saw him alive on Feb 24 1937 Death is said to have occurred on the date stated above, at 5-45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	2 Feb 25
Other contributory causes of importance: Chronic Kidney Disease Arteriosclerosis	1926

Was an operation performed? No Date of

For what disease or injury? None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. L. Harrell M. D.

(Address) 1211 Cathedral St

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 32864

32864 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 870 Westminster Ave St. 21-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Jane Arnold

(a) Residence: No. 870 Westminster Blvd St., Ward. No Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 15 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Richard Arnold

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Elvina Schultz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Geo A Arnold

(Address) 1012 Vine St

18. BURIAL, CREMATION, OR REMOVAL

Place Lindenwood Date 2/27/37

19. UNDERTAKER Wm Rob Lee

(Address) 1321 Lan St

20. FILED 2/27 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-15- 1937 to 2-25- 1937

I last saw h[illegible] alive on 2-25-37 Death is said to have occurred on the date stated above, at 2:05 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2-22-37
Other contributory causes of importance: Grippe	2-15-37

Name of operation Clinical Findings Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis Blass M. D.

(Address) 846 Westminster Blvd

B 27 1937

State CAUSE OF DEATH in plain words. See instructions on back of certificate. OCCUPATION is very important.

F 32865

32865

HEALTH DEPARTMENT—CITY OF BALTIMORE

13141 ✓131

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Minnie Gosnell

(a) Residence: No. 1544 Holbrook St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W (D)

6. DATE OF BIRTH (month, day, year) 5-1-1856

7. AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	80	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Co Md.

FATHER

13. NAME Samuel Childs (D)

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Susanna Baker (D)

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Records of Balto. City Hospts

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Morland Park Date Mar 2nd 1937

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED FEB 21 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26-1937

22. I HEREBY CERTIFY, That I attended deceased from 3-20-1936 to 2-26-1937

I last saw h[illegible] alive on 2-26-1937 Death is said to have occurred on the date stated above, at 11:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mesenteric Thrombosis	3-4 Days

Other contributory causes of importance:

Hypertensive Cardio-Vascular Renal Disease	Unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

M. D. R. 1268-9

F 32866

32866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3115 Alameda Ave St. 9-6 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Edwin Perkins

(a) Residence: No. 3115 Alameda Ave Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or WIFE of) Annabelle R. Perkins

6. DATE OF BIRTH (month, day, year) Mar 7th 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister Of Gospel

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ch

10. Date deceased last worked at this occupation (month and year) Feb 37

11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry C. Perkins

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Verlina Kirk

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Paul Roberts Perkins

(Address) 3215 Berkshire Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 3/1 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ~~Mar~~ Feb 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 18, 1937, to February 26, 1937

I last saw h~~im~~er alive on February 26 1937. Death is said to have occurred on the date stated above, at 5 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/18/37
Other contributory causes of importance:	
Cardiac failure	6 hrs.

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Carlton Stewart M. D.

(Address) 1738 E. 25th St.

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

V 93

M. D. B 1268-9

Sylvia Hackett

F 32867

32867

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 175-a

Registered No. 13-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2516 Madison Ave Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sylvia Hatchett

(a) Residence: No. 2516 Madison Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 15-1923

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
13	7 6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Md

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Meredith Hatchett

16. BIRTHPLACE (city or town) (State or country) Montgomery Md

17. INFORMANT Meredith Henderson

(Address) 2516 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Rocky Hill Md Date Feb. 27. 37

19. UNDERTAKER Mrs. Geo. N. Holland

(Address) 1631 Druid Hill Ave

20. [illegible] 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquest) and from the evidence obtained by said inquest (Inquest, Autopsy or Inquest) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Septicemia	2/19
Acute Nephritis	
Incomplete Abortion	

Other contributory causes of importance:

Was an operation performed? None Date of over

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 2-19. 1937.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Incomplete Abortion

Nature of injury Genital tract

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Collins M. D.
Coroner

(Address) 50 Saratoga St

state CAUSE OF DEATH in plain terms, so that OCCUPATION is very important. See instructions on back of certificate.

2 Vss

4

F 32868

32868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 326 S. Bond St. 3rd Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. 2 mos. 13 ds. How long in U. S. If of foreign birth? 23 yrs. 2 mos. 13 ds.

2. FULL NAME ANDREW M. LEVKOVSKI (LYONS) If U. S. Veteran specify WAR .....

(a) Residence: No. 326 S. Bond St., 3rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) AUG. 14 - 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME John Levkovski

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Tekla Zemma

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Albert Levkovski
(Address) 853 S. BOND ST.

18. BURIAL, CREMATION, OR REMOVAL
Place Russian Cem. Date March 1 1937

19. UNDERTAKER John Grebliunas
(Address) 423 S. Poca St.

20. FILED 2 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/25 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20 1937 to Feb. 25 1937

I last saw h— alive on Feb. 25 1937 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia (Tuberculous)	2-25-37
Other contributory causes of importance: General Pulmonary TB both lungs & throat.	1-5-36

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? P.S.A.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John V. Szczerbicki M. D.
(Address) 1802 Eastern Ave.

State whether wife, widow, or widower of deceased. If single, state whether daughter or son of deceased. OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

32869 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32869

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers of Amer. Hospital Ward) 4-1

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Grace V. Burton — If U. S. Veteran specify WAR .....

(a) Residence: No. Ferguson Lane (Cub Hills) St., Balto. Ward, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lee Burton

6. DATE OF BIRTH (month, day, year) April 21, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
	41	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.W.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Nathaniel Clifton

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Anna Greenbalk

16. BIRTHPLACE (city or town) (State or country) UnKnown

17. INFORMANT Lee Burton
(Address) Glenarm Md.

18. BURIAL, CREMATION, OR REMOVAL. Place Waugh Cemtery Date March 1, 1937

19. UNDERTAKER Frederick Lassahn Son
(Address) 7401 Belair Road

FILED FEB 27 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, when? .....

(Signed) R. K. Cullen, M. D.
Coroner

(Address) 2757 Le Mar

state CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 32870

32870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alberta Pullum

If U. S. Veteran specify WAR

(a) Residence: No. 5 Stemmers Run, Md., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

5a. If married, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of George Pullum

6. DATE OF BIRTH (month, day, year) 6-14-1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Samel, Md.

FATHER

13. NAME Addison Cuplin

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lydia Berry

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT George Pullum
(Address) Stemmers Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Forley Md Date 2/28 1937

19. UNDERTAKER Mrs. Francey Abernathy
(Address) 58 W. Biddle St.

20. FILED Feb 27 1937 Washington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Febr 23 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15 1937 to Feb. 23 1937

I last saw her alive on Febr 23 1937 Death is said to have occurred on the date stated above, at 1:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular renal disease	
Other contributory causes of importance: Bronchitis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. Wallis Shennington M. D.

(Address) 1606 Penna. Ave.

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

FEB 27 1937

H

32871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 108 F 32871

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St., 4-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos. 10 ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Alice A. Zouck

(a) Residence: No. Ruxtonstown Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank H Zouck

6. DATE OF BIRTH (month, day, year) July 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maine

FATHER

13. NAME Louis A. Chick

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME Amanda Hilliard

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMANT Frank H Zouck

(Address) Ruxtonstown Md

18. BURIAL, CREMATION, OR REMOVAL

Place St Paul Cem Date May 1 1931

19. UNDERTAKER J. F. Cline & Sons

(Address) Ruxtonstown Md

20. FILED ..1931 Registrar

OCCUPATION is very important. See instructions on back of certificate.

FEB 27 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Febr 21 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb 17 1931 to Feb 21 1931.

I last saw h[illegible] alive on Feb 21 1931 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia (Left lower lobe)	2-14-31
Other contributory causes of importance: Senile dementia	?

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Howard B. Mayo M. D.

(Address) University Hospital

F 32872

32872 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 21213 159

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 9-4 Ward)

Length of residence in city or town where death occurred life mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME John Harvey Jr.

(a) Residence: No. 2713 Greenmount Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-14-1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (infant) none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Harvey Sr.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Alta Jacobs

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cremation Date 2-26 1937

19. UNDERTAKER Baltimore City Hospital Funeral Home
(Address)

20. FILED ..... 19 ..... Registrar .....

FEB 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-18 1937 to 2-24 1937

I last saw him alive on 2-24 1937. Death is said to have occurred on the date stated above, at 1245 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	2-18-37
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) R B Davey M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms. See instructions on back of certificate.
OCCUPATION is very important.

✓ F 32873

32873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenhurst Hospital St. 11-1 Ward)

Length of residence in city or town where death occurred 4 yrs. 7 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No

2. FULL NAME Patricia Gangi

(a) Residence: No. 609-N. Calvert St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 26, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Salvatore Gangi

14. BIRTHPLACE (city or town) (State or country) Italy.

MOTHER

15. MAIDEN NAME Esther Stitzel.

16. BIRTHPLACE (city or town) (State or country) Reading Pa.

17. INFORMANT Esther Gangi
(Address) 609-N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 2/27/37

19. UNDERTAKER George J. Roth Inc
(Address) 1235 W. Lexington St

20. FILED

B 27 1937

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Feb. 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1937, to Feb. 26, 1937

I last saw her alive on Feb. 26, 1937. Death is said to have occurred on the date stated above, at 1:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	2/12/37
Bronchopneumonia	2/25/37
Other contributory causes of importance: Acute Lymphatic Leukemia	1/14/37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Sidney Gelman M. D.

(Address) Lyndenhurst Hospital

state CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

F 32874

32874 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 W. Hamburg St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR

2. FULL NAME Edna J. (Brooks) Clark

(a) Residence: No. Laverne Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward E. Clark

6. DATE OF BIRTH (month, day, year) July 3, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	29	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerical work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. Brooks

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Lena Bruner

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. Edward Clark
(Address) Laverne Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Feb. 29. 1937

19. UNDERTAKER Fred A. Krause & Son
(Address) 216 S. Charles St.

B 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26. 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1937 to Feb. 26, 1937

I last saw her alive on Feb. 26, 1937 Death is said to have occurred on the date stated above, at 1.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	?
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury? - - -

Name of operation - - - - Date of

What test confirmed diagnosis? D.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Deibel M. D.

(Address) 1224-1226 Hanover St.

state CAUSE OF DEATH in full. OCCUPATION is very important. See instructions on back of certificate.

F 32875

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32875

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 961 N. Chapel St., 7-4 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth White

(a) Residence: No. 961 N. Chapel St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Col.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George White

6. DATE OF BIRTH (month, day, year) 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-0-10

10. Date deceased last worked at this occupation (month and year) July 1936

11. Total time (years) spent in this occupation 2 1/2 yrs

12. BIRTHPLACE (city or town) (State or country) Virginia.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Lucy ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Alice Lynch
(Address) 961 N. Chapel St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 3/1/37 19

19. UNDERTAKER Robert Middleton
(Address) 1515 McElderry St

20. FILED Huntington Williams MD
FEB 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1936 to Feb. 24, 1937

I last saw h. alive on Feb. 24 1937. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio. Renal disease	Feb. 24

Other contributory causes of importance:

Varicose ulcer Rt Leg	1927

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Francis B. Luke M. D.

(Address) 1741 E. Eager St.

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32876

CERTIFICATE OF DEATH

F 32876

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie Duncan

(a) Residence: No. 223 N. Eden St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Duncan

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Samuel Duncan (Address) 223 N. Eden St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem. Date Feb 21 1937

19. UNDERTAKER Robert Williams (Address) 15-25 W. Eager St.

20. FILED FEB 27 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/18/ , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	

Other contributory causes of importance:

Diabetic Coma

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm. Schreiber M. D. Coroner

(Address) 1913 E. North Ave.

state CAUSE OF DEATH in plain terms, so that a layman can understand. See instructions on back of certificate.
OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

32877

CERTIFICATE OF DEATH

21060 54-B

F 32877

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1918 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Agnes Howe

(a) Residence: No. 1204 W. Mosher St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rufus (Unknown)

6. DATE OF BIRTH (month, day, year) 1-25-1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	1	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Edward Smith

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Cortney Brooks

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Co Va Date 2/29 37 19

19. UNDERTAKER Thomas C. Kelso

(Address) 1303 Priestman St.

20. FILED FEB 27 1937 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-25 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-13 1937 to 2-25 1937

I last saw her alive on 2-25 1937 Death is said to have occurred on the date stated above, at 3.45 p. m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Uterine fibroids	

Other contributory causes of importance:

Pulmonary Embolism?	2 Days

Was an operation performed? yes Date of 2-17-37

For what disease or injury? Uterine fibroids

Name of operation Hysterectomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. Howe M. D.

(Address) Balt. City Hosp.

State CAUSE OF DEATH in plain English. See instructions on back of certificate. OCCUPATION is very important.

32878 HEALTH DEPARTMENT—CITY OF BALTIMORE E 32878

CERTIFICATE OF DEATH 20093/31

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ernest Mason

(a) Residence: No. 619 N. Calhoun St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Mason

6. DATE OF BIRTH (month, day, year) 10-21-1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Daniel Mason

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Ellen ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 2/27 19 37

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St

20. FILED FEB 27 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-21 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-6 1937 to 2-21 1937

I last saw him alive on 2-21 1937 Death is said to have occurred on the date stated above, at 8:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular Renal Disease	unk
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Kenney M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms. See instructions on back of certificate.
OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32879

2879

CERTIFICATE OF DEATH

93-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 E. North Avenue St., 8-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME HARRY A. RUTLEDGE, M.D.

(a) Residence: No. 1623 E. North Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Nathalie Paynter Rutledge

6. DATE OF BIRTH (month, day, year) May 6, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dr's Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME E. Hall Rutledge

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Renshau

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

17. INFORMANT Mrs. Nathalie Paynter Rutledge
(Address) 1623 E. North Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date March 1, 1937

19. UNDERTAKER Noah C. Dance & Son
(Address) Harwood & Druid Aves

20. FILED 19 Registrar

Huntington, Md.

FEB 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 9 15 1936, to Feb 26 1937
I last saw him alive on Feb 25 1937. Death is said to have occurred on the date stated above, at 7A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	10/15/36
Other contributory causes of importance, Edema of Lungs	2/25/37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury No injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. Hall Dale M. D.

(Address) 1631 E North Av

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

32880

CERTIFICATE OF DEATH

94-B F 32880

Registered No.

1. PLACE OF DEATH South Baltimore General Hosp

CITY OF BALTIMORE: (No. 1213 Light St., Ward 8)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Clarence Clayton

(a) Residence: No. 3620 W Garrison Blvd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude E Clayton

6. DATE OF BIRTH (month, day, year) July 26 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City Fire Dept

10. Date deceased last worked at this occupation (month and year) Feb 22 37

11. Total time (years) spent in this occupation 15 years

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

FATHER

13. NAME John Wesley Clayton

14. BIRTHPLACE (city or town) (State or country) Jamestown

MOTHER

15. MAIDEN NAME Patterson

16. BIRTHPLACE (city or town) (State or country) Jamestown

17. INFORMANT Gertrude E Clayton

(Address) 3620 W Garrison Ave

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem. Date Mar 1 1937

19. UNDERTAKER Armacost & Son

(Address) 1204 Edmond Ave

20. FILED FEB 27 1937 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26. 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16 1937 to Feb. 26 1937

I last saw him alive on Feb. 26 1937 Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James L. Webb M. D.

(Address) 1213 Light St

HEALTH DEPARTMENT—CITY OF BALTIMORE

32831

CERTIFICATE OF DEATH

131

F 32881

1. PLACE OF DEATH Church Home & Inf. 13-W

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 62 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 62 yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Montague Marks

(a) Residence: No. 904 Newington Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 8, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) London, Engl.

FATHER

13. NAME Abyman Marks

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Estelle Samuels

16. BIRTHPLACE (city or town) (State or country) London Engl.

17. INFORMANT Mrs. Herbert Marks

(Address) 904 Newington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Heb. Friendship Date Mch. 2 1937

19. UNDERTAKER David Sonnheim & Son

(Address) 902 Eutaw Place

FILED FEB 27 1937 19 Hunter Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2. 27. 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25. 1937. to Feb. 27. 1937.

I last saw him alive on Feb. 27 1937. Death is said to have occurred on the date stated above, at 6:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio-vascular renal disease with hypertension	
Other contributory causes of importance: Uremia	

Was an operation performed? No. Date of

For what disease or injury?

What test confirmed diagnosis? Lab. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) John A. Myers, M. D.

(Address) Church Home & Inf.

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

F 32882

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a F 32882

Registered No. 25-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Audrey Marie Bowen

(a) Residence: No. 224 Dundalk Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 20 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Lawrence D. Bowen

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Marion Mary Meeske

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Father
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date 3/1 19 37

19. UNDERTAKER J. F. McCauley
(Address) Huntington Ave & Rutland, Md

FEB 27 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 7, 1937 to February 26, 1937

I last saw h[illegible] alive on February 26, 1937 Death is said to have occurred on the date stated above, at 9.25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-10-37
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Lawrence Wheeler M. D.

(Address) 2910 Holland Ferry Rd

State CAUSE OF DEATH in plain words. See instructions on back of certificate. OCCUPATION is very important.

VS 3

F 32883

32883 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hospital 210-M

CITY OF BALTIMORE: (No. ..... St., E-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Laurence Mummaugh

(a) Residence: No. 2936 Biddle St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jane E.

6. DATE OF BIRTH (month, day, year) Sept 5 - 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Life Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0023

10. Date deceased last worked at this occupation (month and year) 11-1-36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt Co Md

FATHER

13. NAME Geo. Mummaugh

14. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

MOTHER

15. MAIDEN NAME Mary Ward

16. BIRTHPLACE (city or town) (State or country) Balt Co Md

17. INFORMANT Mrs. L. Mummaugh

(Address) 2923 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 3/4 1937

19. UNDERTAKER Richard F. Leahy F.D. Inc

Address 1700 Eutaw Place

20. FILED FEB 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Arteriosclerosis	

Other contributory causes of importance: Carcinoma of Rectum 11-11-36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11-11, 1936

Where did injury occur? Home of Mother

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Kitchen

Manner of injury Fell & struck head

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.

Coroner

(Address) .....

Consultation Dr. Peter Irving Hospital

Attending Physician Dr. Peter Irving Hospital

state CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

V S 6

32884 HEALTH DEPARTMENT—CITY OF BALTIMORE 32884

CERTIFICATE OF DEATH

94-B

Registered No. 8-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1920 E. Chase St. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mollie E. Sweeney — U. S. Veteran (specify WAR)

(a) Residence: No. 1920 E. Chase St-B St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Otho B. Sweeney

6. DATE OF BIRTH (month, day, year) March 28

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Rubin Fowler

14. BIRTHPLACE (city or town) (State or country) Balto. County Md.

MOTHER

15. MAIDEN NAME Elizabeth Harper

16. BIRTHPLACE (city or town) (State or country) Balto. County Md.

17. INFORMANT Otho B. Sweeney

(Address) Springfield Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Cemetery Date 2/28/37

19. UNDERTAKER W. Cook & Son

(Address) 1920 E. Fox St

20. FILED FEB 27 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Inquest, Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenning, M. D. Coroner

(Address) 1912 North Ave.

Remarks: Burlington Vermont

State CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 32885

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32885

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 743 N. Chester St. 7-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry Wilson

(a) Residence: No. 743 N. Chester St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 7 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dealer in Seafood

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Steven Wilson

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Mary Alexander

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Wm. E. Wilson

(Address) 743 N. Chester St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Feb 27 1937

19. UNDERTAKER William Cook

(Address) 1317 St Paul St

20. FILED FEB 27 1937

Registrar .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry) to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schneider, M. D.
Coroner

(Address) 19 E. Monument Ave

state CAUSE OF DEATH in plain terms, so that it may be understood by the public. OCCUPATION is very important. See instructions on back of certificate.

20975

F 32886

32886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St. 26-8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Nedzzereno Ferri

(a) Residence: No. 339 S. Conkling St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-17-1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Saverio FERRI

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Annie

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Date March 1st 1937
Place Holy Redeemer Cem.

19. UNDERTAKER Frank Della Rocca
(Address) 512 N. Mosley St

20. FILED [illegible] Harrington Williams, M.D.

B 27 1931

V83

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-9, 1937 to 2-24, 1937

I last saw h. alive on 2-24, 1937 Death is said to have occurred on the date stated above, at 6:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Diabetes Mellitus	6 wks.
Gangrene of left foot	
Other contributory causes of importance: Bronchopneumonia	3 days

Was an operation performed? yes Date of 2-15-37

For what disease or injury? Gangrene of left foot

Name of operation Amputation of left leg

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. H. Hoover M. D.

(Address) Balt. City Hosp.

State CAUSE OF DEATH in plain terms. Indefinite or unsatisfactory answers will not be accepted. OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

E 32887

E 32887 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 14-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jacob Royal Jr.

(a) Residence: No. 1427 Myrtle Ave. St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 1, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
	1	13	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER

13. NAME Jacob Royal

14. BIRTHPLACE (city or town) Va.
(State or country)

MOTHER

15. MAIDEN NAME Anna Henry

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Jacob Royal
(Address) 1427 Myrtle ve

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. Date 2-27-1937

19. UNDERTAKER Charles Alexander
(Address) 1200 N. Carrollton Ave

20. FILED 2-27-1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningoccic Meningitis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Slocum M. D.

(Address) 2757 E Monument

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

32888 16262 F 32888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 34-7.152

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 9-8 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles S. Rowe

(a) Residence: No. 508 E. 23rd St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Chapel Burial Date March 1937

19. UNDERTAKER Mary M Penfield
(Address) 6-0 1 E 22nd St

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-7 1927 to 2-26 1937

I last saw him alive on 2-26 1937 Death is said to have occurred on the date stated above, at 1:20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulites of Leg (organism unk)	5 days
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Rayner M.D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

B

VS 3

F 32889

32889 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH X V 53-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 7-S Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lemon Eckenrode

(a) Residence: No. Harney St., ... Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 2 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick County Md.

FATHER

13. NAME Delane Eckenrode

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Hannah Snyder

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT C. O. Fuss & Sons

(Address) Taneytown, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Taneytown Md. Date Mar 1 1937

19. UNDERTAKER C O Fuss & Son

(Address) Taneytown Md

20. FILED ... 19 ... Registrar.

27 1937

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Uremia f Brain	
b	
c	
d	

Other contributory causes of importance: Shock

Was an operation performed? Yes Date of 2/26/37

For what disease or injury? Uremia f Brain

Name of operation Craniotomy Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Ohrenher, M. D. Coroner

(Address) 1917 E. North Ave.

Information called for on this certificate is necessary for the registration of the fact. Please state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

32890

HEALTH DEPARTMENT—CITY OF BALTIMORE

32890

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 8-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Fred Woerner

(a) Residence: No. 2004 E Chase St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillian

6. DATE OF BIRTH (month, day, year): 8-27-98

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Optician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Optics

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: George Woerner

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Ida Hoffman

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cem. Date: Mar. 1, 1937

19. UNDERTAKER: Josiah Eyler

(Address) 1600 E. North Ave

20. Filed 1937 at 19 Hunterian Lab. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1937 to Feb 24, 1937

I last saw h.. alive on Feb 24, 1937 Death is said to have occurred on the date stated above, at 9.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Hypertension	2 yrs

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Palmer H. Fatterson, M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms. Do not use abbreviations or terms peculiar to any occupation. See instructions on back of certificate. OCCUPATION is very important.

2

V8 3

F 32891

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

32891

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3006 Harlem Ave. 16-6 Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 30 yrs. — mos. ... ds.

2. FULL NAME Mary Ann LeFaivre

(a) Residence: No. 3006 Harlem ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gustave J. LeFaivre

6. DATE OF BIRTH (month, day, year) May 9 — 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Waterford Ireland

FATHER

13. NAME Patrick Henry Phelan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary ann Welsh

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Gustave C. LeFaivre

(Address) 3006 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date March 1. 1937

19. UNDERTAKER Josiah Syfer

(Address) 1600 W. North ave.

20. FILED Huntington Williams M.D. Registrar.

MAR 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 . 1930 . to Feb 26 . 1937

I last saw h.. alive on Feb 26 . 1937 Death is said to have occurred on the date stated above, at 3.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	1925
Senility	1936
Pulmonary Edema	Feb 26/1937

Other contributory causes of importance: Chronic Bronchitis 1934

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) Albert Eberhart . M. D.

(Address) 230 S. Edmondson Ave.

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

F 32892

32892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 50

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3438 Virginia Ave St., 27-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Agnes Loretto Dudley

(a) Residence: No. 3438 Virginia Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Dudley

6. DATE OF BIRTH (month, day, year) Sept. 14, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1937

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John H. D. Boone

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Catherine E. Daily

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMANT Mrs. Virginia Wagner.

(Address) 3438 Virginia ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 3/1 1937

19. UNDERTAKER Vernon Lemmon.

Address 4611 Park Heights Ave

20. FILED Huntington Williams, Registrar.

B 27 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from January, 1937, to Feb. 25th, 1937.

I last saw h. CR. alive on Feb 25th, 1937. Death is said to have occurred on the date stated above, at 7:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignancy of the Mammary Gland with Pulmonary Metastasis	Oct 1936
Other contributory causes of importance	
Cardiac Exhaustion	Feb 1937

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation none Date of —

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Alex A Weinstock, M. D.

(Address) 4603 Park Heights Ave Balto, Md

state CAUSE OF DEATH in plain terms, OCCUPATION is very important. See instructions on back of certificate.

V S 3

32893

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32893

CERTIFICATE OF DEATH

V 11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2200 Carlton St. 27-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances Elizabeth Cox

If U. S. Veteran specify WAR

(a) Residence: No. 2200 Carlton Pl St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
f w	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John F Cox

6. DATE OF BIRTH (month, day, year) 12-3-1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72 4 3	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Laura B Wells

(Address) 2200 Carlton Pl

18. BURIAL, CREMATION, OR REMOVAL Mt Carmel - Mt Carmel Date 2/28 1937

19. UNDERTAKER Leonard Penk & Son Inc

(Address) 2200 Linden Ave

20. FILED Washington Wellington MD Registrar

B 2-7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26-1937

22. I HEREBY CERTIFY, That I attended deceased from 2/19 1937 to 2/26 1937

I last saw h... alive on 2/26 1937 Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) La Grippe	

Other contributory causes of importance: Bronchial Pneumonia

Was an operation performed? No Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hyden Colby M. D.

(Address) 5703 Harford Rd.

State CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

F 32894

32894 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 3-2 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. d. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Antonette Wojciechowski

(a) Residence: No. 314 S Eden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anthony

6. DATE OF BIRTH (month, day, year) 5-15-80

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date March 1 1937

19. UNDERTAKER Fred W Orazewski

(Address) 1930 Eastern Ave

20. FILED [illegible] Washington [illegible]

ZT 1531

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1937 to Feb 25, 1937

I last saw her alive on Feb 25, 1937 Death is said to have occurred on the date stated above, at 4.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Gall bladder	Dec. 1936
Cholelithiasis	
Hepatica lectrins	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward S. Shaffer M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

V83

F 32895

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32895

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2613 Frederick Ave St. 20-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Elizabeth Montfield If U. S. Veteran specify WAR .....

(a) Residence: No. 2613 Frederick Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Montfield

6. DATE OF BIRTH (month, day, year) June 11 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Helfman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William Montfield

(Address) 2613 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar. 1 1937

19. UNDERTAKER George L. Schwab.

(Address) 2101 Frederick Ave.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1937 to Feb 26 1937

I last saw h... alive on Feb 26 1937 Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	Feb 20 37
Other contributory causes of importance: Acute Cerebral Disturbance	Feb 23 37
Pulmonary Edema	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Glassman M. D.

(Address) 753 W. Fayette

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

F 32896

F 32896

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2119 W. Lombard St. 20-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 47 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Conrad Wisch

(a) Residence: No. 2119 W. Lombard St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Wisch

6. DATE OF BIRTH (month, day, year) Dec. 1st - 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Conrad Wisch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kunigunda Reif

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George C. Wisch
(Address) 2119 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Union Fmk Date Feb 2, 1937

19. UNDERTAKER George F. Kaperak
(Address) 2101 Frederick Ave.

20. FILED FEB 25 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/1- 1936 to 2/26- 1937

I last saw him alive on 2/26 1937. Death is said to have occurred on the date stated above, at 10 6 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	
Hypertension	

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ..... 19 .....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place —

Manner of Injury .....

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) Chas A Cohn M. D.

(Address) 2145 N Calvert St

State CAUSE OF DEATH in plain terms, and OCCUPATION is very important. See instructions on back of certificate.

V 9 2

M. D. F. 1268-9

F 32897

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32897

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2410 Edmondson Ave St., (or) 16-5 Ward)

Length of residence in city or town where death occurred 69 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph H. Dontanner

(a) Residence: No. 2410 Edmondson Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
~~WIFE~~ of Ida A Dontanner

6. DATE OF BIRTH (month, day, year) Aug. 21, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0071

10. Date deceased last worked at this occupation (month and year) 2/27/37

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mr. George A. Dontanner
(Address) Edgewood, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemty Date March 2, 1937

19. UNDERTAKER C. M. Waltz
(Address) Randallstown, Md.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb-26-37 to Feb-27-37
I last saw him alive on Feb 27 1937 Death is said to have occurred on the date stated above, at 8:45 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	5 days.
Acute Dilitation of Heart	1 day

Other contributory causes of importance

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) Marion Leg. Shook M. D.

(Address) 8062 Jeanette Ave

State CAUSE OF DEATH in plain terms. So that it may be classified. OCCUPATION is very important. See instructions on back of certificate.

S-53

Filed March 4 1937

F 32898

F 32898 HEALTH DEPARTMENT—CITY OF BALTIMORE

51-C

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3714 Hilldale Rd St.) 28-1 (Ward)
Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U.S. Veteran specify WAR No Record

2. FULL NAME Charles S Overton
(a) Residence: No. 3714 Hilldale Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Daisy M. Overton

6. DATE OF BIRTH (month, day, year) Oct. 18, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	4	9	

OCCUPATION
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant 6045
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cut Supplies
10. Date deceased last worked at this occupation (month and year) Jan 1936
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Conn

FATHER
13. NAME Samuel Overton
14. BIRTHPLACE (city or town) (State or country) Conn

MOTHER
15. MAIDEN NAME Unknown Litchmeder
16. BIRTHPLACE (city or town) (State or country) Conn

17. INFORMANT Daisy M Overton
(Address) 3714 Hilldale Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 3/1 1937

19. UNDERTAKER Tim Cook & Sons
(Address) 1212 E Oriole St

20. FILED FEB 25 1937 Lington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1935 to Feb. 27, 1937
I last saw h.im alive on Feb. 26, 1937. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Prostate	2 yrs.
Other contributory causes of importance: Uraemia	3 days

Was an operation performed? Yes Date of 1936
For what disease or injury? Carcinoma Prostate -
Sat Hopkins Hospital.
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M B Barnard Ford M. D.
(Address) 2200 Garrison Blvd

STATISTICAL INFORMATION IS very important. See instructions on back of certificate.
OCCUPATION

F 32899 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32899

59

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2810 Alameda Blvd St., 97 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR No Record

2. FULL NAME Lana J. Healy

(a) Residence: No. 2810 Alameda Blvd St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. If Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John E. Healy

6. DATE OF BIRTH (month, day, year) July 13 1862

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
74	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thos. J. Benford

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Elise Corkon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John E. Healy

(Address) 2810 Alameda Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Cathedral Date 3/2 37

19. UNDERTAKER Jim Cook

(Address) 1214 E. Pratt St

20. FILED FEB 25 1937 Arlington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1936 to February 26 1937

I last saw h alive on February 26 1937. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Diabetes Mellitus

Chronic Nephritis

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank J. Ayd M. D.

(Address) 2005 E. Fairmount St.

state CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

F 32900 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32900

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1201 N Central Ave St., 10-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR No Record

2. FULL NAME Nelson E Cullum

(a) Residence: No. 1201 N Central Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Cullum

6. DATE OF BIRTH (month, day, year): May 6 1849

7. AGE: Years 87 | Months 9 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Fidelity Trust 0067

10. Date deceased last worked at this occupation (month and year): 1931

11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Nelson Cullum

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mary J Sett

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT (Address): Mary Cullum 1201 N Central Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Greenmount Date 2/11 1937

19. UNDERTAKER (Address): Wm Cook Sons 1217 E Fayette

Huntington Whitacre ND
Registrar.

20. FILED FEB 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23 1936 to Feb. 27 1937

I last saw him alive on Feb. 26 1937. Death is said to have occurred on the date stated above, at 7h m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocarditis

Other contributory causes of importance:

Senility

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Benj. B. Hanford M.D.

(Address) 1216 N. Caroline St.

state CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

F 32901

F 32901

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hospitals St., 7-a Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Joseph Cathey

(a) Residence: No. 913 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or Race white
5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl Cathey

6. DATE OF BIRTH (month, day, year) July 25, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	6	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cleaner 041
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Empire Laundry Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Petersburg
(State or country) Virginia

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) Tenn.
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Tenn
(State or country)

17. INFORMANT Pearl Cathey
(Address) 913 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 1st 19 37

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said [illegible] find that said deceased came
(Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] Coroner, M. D.

(Address) 1010 S. Edmondson Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Case

F 32902

32902 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4333 Glenmore Ave. St., 26-1 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry Melton Mowry

(a) Residence: No. 4333 Glenmore Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary Mowry

6. DATE OF BIRTH (month, day, year) Aug. 22 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman 073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western Md. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME John Mowry

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Mary Wolfe

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Mary Mowry
(Address) 4333 Glenmore Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loud. Pa Date 3/2 1937

19. UNDERTAKER Wm. Cook & Son
(Address) 127 N. Paca St.

20. FILED FEB 26 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Raul Schreiber, M. D. Coroner

(Address) 1918 E. Northern Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 32903

F 32903 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

36

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 Lanvale St., 15-E Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Mamie Lassery

(a) Residence: No. 1704 Lanvale St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Lassery

6. DATE OF BIRTH (month, day, year) May 5 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home 6041

10. Date deceased last worked at this occupation (month and year) Feb 36

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME Frederick Keck

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Margaret Roberts

16. BIRTHPLACE (city or town) Baltimore Md
(State or country)

17. INFORMANT Charles Lassery
(Address) 1704 Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date 2/28 39

19. UNDERTAKER Thomas E. Kebon
(Address) 1303 Bressman St.

20. FILED FEB 28 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1937 to Feb 26 1937

I last saw h alive on Feb 23 1937. Death is said to have occurred on the date stated above, at 6 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	3 yrs

Other contributory causes of importance:

Myocarditis	3 yrs
(Chronic)	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) .....

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

F 32904

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32904

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 N Vincent St. 16-3 Ward)

Length of residence in city or town where death occurred 40 yrs. 1 mos. + ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alexander Smith

(a) Residence: No. 911 Vincent St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Server

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lunches 1086

10. Date deceased last worked at this occupation (month and year) 2/37

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) Calvert Co
(State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) ...
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ...
(State or country)

17. INFORMANT Katie Holland
(Address) 911 Vincent

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 3/1, 1937

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Eastern Ave.

20. FILED FEB 23 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/25/1937

22. I HEREBY CERTIFY, That I attended deceased from 2/10, 1937 to 2/25, 1937

I last saw him alive on 2/25, 1937, death is said to have occurred on the date stated above, at 9:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Chronic Nephritis	Chronic

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Hypertension +++ Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) David Frankel, M. D.

(Address) 1224 Eutaw

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 32905

F 32905

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32905

93-C

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH 2448 McCulloh 13-3

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S Veteran specify WAR .....

2. FULL NAME Joseph Lanier

(a) Residence No. 2448 McCulloh St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	widower

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Florence Lanier

6. DATE OF BIRTH (month, day, year) Jan 11/71

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel - 0070

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Charles County Md.

FATHER

13. NAME George Lanier

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Adeline Hawkins

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Nannie Lanier Boarding

(Address) 100 Hamilton

18. BURIAL, CREMATION, OR REMOVAL

Place Charles Co md Date 3/1 — 37

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St

20. FILED ..... 19..... Registrar

FEB 28 1937 Harrison Phillips, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 25. 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17. 1936 to Feby 25 1937

I last saw h.. alive on Feb. 25. 1937. Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia — Date of onset 2/10/37

Other contributory causes of importance:

Myocardial Heart Disease — 11/7/36

Was an operation performed? no Date of —

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm Thomas Higgins M. D.

(Address) 2243 McCulloh St

State CAUSE OF DEATH in plain words. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 32906

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-A

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4507 Liberty Heights ave 28-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Louise Wright

(a) Residence: No. 4507 Liberty Heights Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
fem.	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
87	not known		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Daniel Wright

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Jane Forrester

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Miss Bessie Gilbert

(Address) 4507 Liberty Heights ave

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Feb 28 1937

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby. 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feby. 22, 1937 to Feby. 26 1937.

I last saw her alive on Feby. 26, 1937. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Feby. 22

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? signs and symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. F. Shemwell, M. D.

(Address) 3310 Tioga Parkway

state CAUSE OF DEATH in plain terms, so that it may be properly coded. OCCUPATION is very important. See instructions on back of certificate.

✓ F 32907

32907

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3101 Hawnview Ave Ward 8-1)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian May Rappold

If U.S Veteran specify WAR

(a) Residence: No. 3101 Hawinview St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Chas. Rappold

6. DATE OF BIRTH (month, day, year) Oct 12. 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
45	46	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Stephen Faupel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Carrie Pensmith

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Chas Rappold

(Address) 3101 Hawnview. Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Mar 1. 1937

19. UNDERTAKER John Uelrich

(Address) 2008 Orleans

20. FILED 2 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/25/1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1936 to Feb 25 1937

I last saw h alive on Feb 25 1937 Death is said to have occurred on the date stated above, at 11 55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis —	10/15/36
Myocarditis	?
Other contributory causes of importance: Acute Cardiac Failure	2/25/37

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? Phy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C H Mengel M. D.

(Address) 1510 E. 33 St

State CAUSE OF DEATH in plain terms. Indefinite or unsatisfactory answers cannot be accepted. OCCUPATION is very important. See instructions on back of certificate.

32908 F 32908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 21338

124-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 9-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William J. Post (Poat)

(a) Residence: No. 310 Tinges Lane St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes

6. DATE OF BIRTH (month, day, year) 6-1-1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0050

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Theresia McConnell

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Loudon Park March 1, 37

Pl... Date ... 19...

19. UNDERTAKER Richard Flemings

(Address) 613 Homestead St.

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-25-1937

22. I HEREBY CERTIFY, That I attended deceased from 2-22-1937 to 2-25-1937

I last saw him alive on 2-25-1937 Death is said to have occurred on the date stated above, at 9:10 a.m.

The principal cause of death and related causes of importance were as follows:

Cirrhosis of Liver — Date of onset Unk

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What was confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No ... If so, specify .....

(Signed) John L. Rayner M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly coded. OCCUPATION is very important. See instructions on back of certificate.

FEB 1937

V83

32909 F 32909

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

958

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 28-1 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas F. Shields (Middle Name Frankelin) If U. S. Veteran specify WAR

(a) Residence: No. 5240 Reisterstown Rd. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Sarah Rebecca Shields

6. DATE OF BIRTH (month, day, year) Nov. 26, 1850

7. AGE Years	Months	Days	If LESS than 1 day... hrs. or ... min.
86	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired For. U.S. Express Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 25 yrs.

10. Date deceased last worked at this occupation (month and year) 1086

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John F. Shields

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Mar 2, 1937

19. UNDERTAKER Wm J. Siepps & Sons

(Address) Madison & Pulaski

20. FILED FEB 28 1937, 19 Registrar.

Huntington Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1937, 19 to Feb. 27, 1937

I last saw h. alive on Feb. 27, 1937 Death is said to have occurred on the date stated above, at 1:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic C-V Disease	?
Auricular Fibrillation	
Other contributory causes of importance:	
Pyelonephritis	?

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Irving Freeman, M. D.

(Address) Mercy Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 32910 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32910

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 12-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Salvadore Sanduana (17212)

If U. S. Veteran specify WAR

(a) Residence: No. 415 N. 24th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) August 20, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Basco

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Vieto

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 2/11/37

19. UNDERTAKER Edward Loveless
(Address) 2339 Greenmount Ave

20. FILED FEB 26 1937, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 27 1937

22. I HEREBY CERTIFY, That I attended deceased from September 16, 1936 to February 27, 1937

I last saw him alive on February 27, 1937 Death is said to have occurred on the date stated above, at 4:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Aug 1936
Tuberculous pleurisy with effusion	Aug 1936
Tuberculous arthritis of left ankle	Aug 1936

Other contributory causes of importance:

Was an operation performed? Yes Date of Dec 16, 1936

For what disease or injury? Tuberculous arthritis left ankle

Name of operation Arthrodesis of Rt ankle Joint

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm H. Feldman M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly coded. OCCUPATION is very important. See instructions on back of certificate.

F 32911

F 32911 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) John Hopkins Hospital (Ward)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 31 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edna Letvin

(a) Residence: No. 1446 E. Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Abraham Letvin

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Yusek Goltnar
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Sara Frada
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Abraham Letvin
(Address) 1446 E. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date 2-28 1937

19. UNDERTAKER Jack Lewis Joel
(Address) 1439 E. Baltimore St

20. FILED FEB 28 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/26/37 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Inquest, Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
8	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of .....
For what disease or injury? —
Name of operation — Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Paul Schenker, M. D.
Coroner
(Address) 1919 E. North Ave.

Information should be given in plain terms, so that it may be properly classified. State CAUSE OF DEATH in plain terms. DEATHS FROM VIOLENCE must state MEANS and whether ACCIDENTAL, SUICIDAL or HOMICIDAL. OCCUPATION is very important. See instructions on back of certificate.

F 32912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 32912

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1814 E. Fairmount St., East Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth 33 yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Morris Sugar

(a) Residence: No. 1814 E. Fairmount St. Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 0009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Liquor Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Harry Sugar

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Emma

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Herman E. Sobel
(Address) 4109 Belle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date 2/28/37

19. UNDERTAKER Jack Levin Inc.
(Address) 1439 E. Baltimore St

20. FILED FEB 28 1937 19 E. Jan Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/28/37 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19 36 to Feb 28 19 37

I last saw him alive on Feb 27 19 37 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	1930
Uremia Feb 24 1937	

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Abr Cohen M. D.

(Address) 2235 Bradford

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

32913 HEALTH DEPARTMENT—CITY OF BALTIMORE 32913

CERTIFICATE OF DEATH

95-B

Registered No. 1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? 17 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel Reisberg

(a) Residence: No. 1601 N. Appleton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Anna Rosberg

6. DATE OF BIRTH (month, day, year) Nov. 9 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0013

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Rubenwood

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Anna Rosberg

(Address) 1601 N. Appleton

18. BURIAL, CREMATION, OR REMOVAL

Place Lehmer Mausoleum Date 2-28 1937

19. UNDERTAKER Jacob Hevrin Inc

(Address) 1429 E. Baltimore St

20. FILED FEB 28 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/27/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 1/12/37. 19 to 2/27 1937

I last saw him alive on 2/27 1937. Death is said to have occurred on the date stated above, at 11.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal bronchio-pneumonia	2/26/37
Sub arachnoid Hemorrhage	1/12/37
Hypertension	
Hypertensive cardio-vasc. disease	

Other contributory causes of importance:

Arteriosclerosis	
Hypertrophy of prostate	over

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Spinal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benjamin E. Rose, M. D.

(Address) Sinai Hospital.

INSTRUCTIONS: CAUSE OF DEATH in plain terms, so that it may be properly classified. State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 32914

32914 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-13

Registered No. .....

1. PLACE OF DEATH Union Memorial Hospital, Baltimore
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 12 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr. Nathan W. Goldberg

(a) Residence: No. Temple Gardens Apts St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Mae Adler

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant 6045
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Maurice Goldberg
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ethel
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Anna Adler
(Address) Temple Gardens Apts

18. BURIAL, CREMATION, OR REMOVAL Date 3/1/37
Sherwood Memorial Park

19. UNDERTAKER Jack Levin Inc
(Address) 1439 E. Baltimore St.

20. FILED FEB 26 1937, 19 ..... Registrar.

FEB 26 1937 Huntington, West Virginia

FEB 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-27-37. 19

22. I HEREBY CERTIFY, That I attended deceased from February 12th 1937 to February 27th 1937.
I last saw him alive on Feb 27th 1937. Death is said to have occurred on the date stated above, at 3:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	2 days

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Robert H. Ivers M. D.

(Address) Union Memorial Hosp.

Information should be given in plain terms, so that it may be properly classified. State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

AACo. 5-31 250B

F 32915

F 32915 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 Druid Hill Ave Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eliza B Bryant Parke

(a) Residence: No. 1305 Druid Hill Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucian

6. DATE OF BIRTH (month, day, year) 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Dennicks

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Eliza Price

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Estella Green

(Address) 2322 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb 28 1937

19. UNDERTAKER Mrs. Geo. H. Holland

(Address) 1631 Druid Hill Ave

FILED FEB 25 1937 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 21 1937 to Feb 25 1937

I last saw h.. alive on Feb 25 1937 death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	?
Other contributory causes of importance:	
Exhaustion	?

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C B Hughes M. D.

(Address) 1413 Druid Hill Ave

Please write plainly. Use ink. Do not use pencil. Write DEATH in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH is very important. See instructions on back of certificate. OCCUPATION is very important.

F 32916

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32916

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. 6-5 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hester Blake

If U. S. Veteran specify WAR

(a) Residence: No. 1706 E - Baltimore St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-5-93

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Phipps

10. Date deceased last worked at this occupation (month and year) 2-26

11. Total time (years) spent in this occupation 0.08

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph Kiesa

14. BIRTHPLACE (city or town) (State or country) M C -

MOTHER

15. MAIDEN NAME Rosalie Beer

16. BIRTHPLACE (city or town) (State or country) N - J -

17. INFORMANT Friends

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Lorraine Park Cem. Date 3/1/37 19

19. UNDERTAKER Chas. H. Blake

(Address) 742 Westworth Ave.

20. FILED MAR 1 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1937, to Feb 26, 1937

I last saw her alive on Feb 26, 1937 Death is said to have occurred on the date stated above, at 2.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Lobar	1/25/37
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Palmer H. Fatcheur, M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact information is very important. See instructions on back of certificate.

V8 3

F 32917

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32917

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH Hebrew Home for the Aged & Infirm

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Belvedere & Greenspring St., 27 Ward)

Length of residence in city or town where death occurred more 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca Weinberg

(a) Residence: No. Belvedere & Greenspring St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wolf Weinberg

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sigmund Feinblatt

(Address) Belvedere & Greenspring Ave

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rosedale Cmty Date Feb 28 1937

19. UNDERTAKER Sol Levinson Bro

(Address) 1127 E Baltimore St

21. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 27 1937

22. I HEREBY CERTIFY, That I attended deceased from November 23 1934 to February 27 1937

I last saw him alive on February 27 1937. Death is said to have occurred on the date stated above, at 10 45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. card. vascular disease	
Hypertension	

Other contributory causes of importance:

Chr. Bronchitis	
Emphysema	

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H Kalman M.D. Levindale M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

D S 3

D 25 1937

F 32918 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32918

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 7-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Paul Theodore Shook

If U.S. Veteran specify WAR .....

(a) Residence: No. 710 N. Streeper St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 18-1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Milton Shook

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Helen Belbot

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Milton Shook
(Address) 710 N. Streeper

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Cem. Date Mar. 1 1937

19. UNDERTAKER L. Miller & Son
(Address) 2334 Jefferson St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11 1937 to Feb. 27 1937

I last saw h[illegible] alive on Feb. 27 1937 Death is said to have occurred on the date stated above, at 6 00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 1, 37
Empyema (?)	Jan 11, 37

Other contributory causes of importance:

Was an operation performed? Yes Date of 2-16-37

For what disease or injury? Empyema, Left Chest

What test confirmed diagnosis? Exploration Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — 19 .....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ~

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Roy H. Isaacs M. D.

(Address) St. Joseph's Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

✓ F 32919

32919 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

160-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH St agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St., 20-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Baby Boy Stanton

(a) Residence: No. 142 Palmona Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-27-37

7. AGE	Years	Months	Days	If LESS than 1 day, 4 hrs. & 45 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Leslie W. Stanton

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Leonna Keene

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Leslie W. Stanton

(Address) 142 Palamona Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date 3/1/37, 19

19. UNDERTAKER Charles W. Dill.

(Address) 3109 Frederick Ave.

20. FILED FEB 28 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5:30 AM. Feb. 27. 1937. to 10:15 AM. Feb. 27 1937

I last saw him alive on Feb 27 1937. Death is said to have occurred on the date stated above, at 10:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra-Cranial Hemorrhage	2-27-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Louis E. Llewelyn M. D.

(Address) St. Agnes Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 32920

32920 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3532 Fredrick Ave St. 20-4 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Emma Heise Merkel

(a) Residence: No. 3532 Fredrick Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Merkel

6. DATE OF BIRTH (month, day, year) March 23rd 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME J. Henry Heise

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Ernst

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Heyduett Merkel
(Address) 3532 Old Fredrick Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 3/1/37, 19

19. UNDERTAKER Theo. Meyer & Son
(Address) 2 W's Edmonson Ave.

20. Filed FEB 28 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1929 to Feb. 26, 1937

I last saw her alive on Feb. 25, 1937. Death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal disease	1927
Pneumonia Bronchial (Terminal)	Feb. 25, 1937

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Elliot W Johnson, M. D.

(Address) 3432 Fredrick Ave

Information should be carefully supplied, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

✓ F 32921

32921 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-13

Registered No. 21-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1328 Glyndon Ave. St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Carmody

(a) Residence: No. 1328 Glyndon Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thos. C. Carmody

6. DATE OF BIRTH (month, day, year) June 15. 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) County Kerry Ireland

FATHER

13. NAME Daniel Sheill

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Thos C. Carmody

(Address) 1328 Glyndon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Washington D.C. Date 3/2/37 19

19. UNDERTAKER Thos. J. Kenny

(Address) 1609 Bolton St

20. FILED FEB 28 1937 19 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1936 to Feb 28 1937

I last saw her alive on Feb 28 1937 Death is said to have occurred on the date stated above, at 9:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	?
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E P Rostkins M. D.

(Address) 2623 Washington Blvd

Information necessary to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Bucher

F 32922

F 32922 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 N Front St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR ...

2. FULL NAME Philip J. Bucher

(a) Residence: No. 119 N Front St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frances Bucher

6. DATE OF BIRTH (month, day, year) March 28 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	11	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, saw-yer, bookkeeper, etc. Retired Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Railways 0075

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Philip Bucher

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Frances Bucher

(Address) 119 N Front St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date 3/3 37

19. UNDERTAKER Cook & Sons

(Address) 1214 St Paul St

20. FILED MAR 1 - 1937 Lennington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1937 to Feb 28 1937

I last saw him alive on Feb 27 1937. Death is said to have occurred on the date stated above, at 1:45 AM

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency
Arterio Sclerosis

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) S. W. Bruce M. D.

(Address) 1512 N. Broadway

Information should be given in plain terms, so that it may be properly classified. State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1968-3

F 32923

F 32923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH In ambulance en route to Union Mem. Hosp. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) En Route to Union Mem. St. 12 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laurence Ricaud Tennent If U. S. Veteran specify WAR .....

(a) Residence: No. 3316 N Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl A Tennent

6. DATE OF BIRTH (month, day, year) Aug 24 1878

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
58	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Salesman 9066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lord & Taylor

10. Date deceased last worked at this occupation (month and year) Oct 1936 11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Kent Co Md

FATHER

13. NAME Frank B Tennent

14. BIRTHPLACE (city or town) (State or country) Lancaster Pa.

MOTHER

15. MAIDEN NAME Sarah C Ricaud

16. BIRTHPLACE (city or town) (State or country) Kent Co Md

17. INFORMANT Pearl A Tennent
(Address) 3316 N Calvert St

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Date Mar 2nd 1937

19. UNDERTAKER Williams Cook
(Address) 1217 St Paul St

20. FILED Mar 2 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 26 Feb. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2-26-37

Other contributory causes of importance: Chronic Nephritis

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.
Coroner

(Address) Coroner

Information should be carefully supplied. AGE should be accurately stated. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

AR 1937

32924 F 32924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 7-B Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Pappas

(a) Residence: No. 727 S. Bond St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Male.	White.	Infant.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant.

6. DATE OF BIRTH (month, day, year) Oct. 17, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4.	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm. Pappas.

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Ella Ebey

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Ella Pappas.
(Address) 727 S. Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Pauls Cemetery Date Mar. 1: 37.

19. UNDERTAKER Wendell Dupuy
(Address) 1401 Gough St.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26-37. 19

22. I HEREBY CERTIFY, That I attended deceased from 2-18-37, 19..., to 2-26-37, 19...

I last saw him alive on 2-26-37, 19... Death is said to have occurred on the date stated above, at 5 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, Type undetermined	2-17-37

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) Alfred S. Edwards M. D.

(Address) Sinai Hospital

APR 3 1937

Huntington Williams M.D.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. State OCCUPATION in very important. See instructions on back of certificate.

F 32925

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32925

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1900 Mt Royal Terrace Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Randolph Winslow M.D.

If U. S. Veteran specify WAR

(a) Residence: No. 1900 Mt Royal Ter. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Leiper Winslow

6. DATE OF BIRTH (month, day, year) Oct. 23, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hertford North Carolina

FATHER

13. NAME Caleb Winslow M.D.

14. BIRTHPLACE (city or town) (State or country) Belvidere North Carolina

MOTHER

15. MAIDEN NAME Jane Parson Parry

16. BIRTHPLACE (city or town) (State or country) New Store Penn.

17. INFORMANT Nathan Winslow M.D

(Address) 1900 Mt Royal Ter.

18. BURIAL, CREMATION, OR REMOVAL

Place Friends Burial Ground Date Mar 1, 1937

19. UNDERTAKER Henry W. Jenkins Sons Co

(Address) McCulloh & Eutaw Sts

20. FILED MAR 1 1937 Lexington Wilmer M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/27/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1937, to Feb. 27, 1937

I last saw him alive on Feb. 27, 1937. Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Edema of lungs.
Diabetes Mellitus

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Nathan Winslow M. D.

(Address) 1900 Mt Royal Ter.

Information should be complete, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32926

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32926

CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. 7-S St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis Le Mayne

If U. S. Veteran specify WAR

(a) Residence: No. Eccleston Rd. St., Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Clarke

6. DATE OF BIRTH (month, day, year) 1-19-54

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill

FATHER

13. NAME John Le Mayne

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Julia Murray

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Loudontalk Date Mar 2 1937

19. UNDERTAKER Henry W. Jenkins Sons Co (Address) McCulloh & Orchard Sts

20. FILED Mar 1 1937 Registrar.

VA 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1937 to Feb 28, 1937

that h.. saw h.. alive on Feb 28, 1937. Death is said to have occurred on the date stated above, at 7⁰⁰ A.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Failure — Date of onset 2-25-37

Carcinoma of Prostate

Other contributory causes of importance.

Arteriosclerosis

Coronary Sclerosis

Congestion of Lungs

Was an operation performed? Yes Date of 2-26-36

For what disease or injury? Ca Prostate

Name of operation Transurethral Resection

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Samuel A. Levin Jr. M. D.

(Address) J. Hopkins Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32927

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32927

CERTIFICATE OF DEATH

1108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry Hill

(a) Residence: No. 526 N. Eutaw St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Hill Funk

6. DATE OF BIRTH (month, day, year) June 26 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ? Hill

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henriette Hoffman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date Mar 2, 1937

19. UNDERTAKER Henry W. Jenkins Sons
(Address)

20. FILED MAR 1 - 1937 Wallace Williams M.D.
Registrar.

VS 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1937 to Feb. 28, 1937

I last saw him alive on Feb 28, 1937. Death is said to have occurred on the date stated above, at 10 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2/22
Left lower lobe	
Other contributory causes of importance:	
Pulmonary edema	2/27

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What microscopical confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) L. Freeman, M. D.

(Address) Mercy Hospital

Information should be carefully supplied, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

32928

CERTIFICATE OF DEATH ✓162 F 32928

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 S. Luzerne Ave. St., 1 E 3 Ward)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Petronella Bessie Pondo

(a) Residence: No. 625 S. Luzerne Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Pondo

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~83~~	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Debica, Poland

FATHER

13. NAME: Ludwik Kulacki

14. BIRTHPLACE (city or town) (State or country): Debica, Poland

MOTHER

15. MAIDEN NAME: - Kwiatkowski

16. BIRTHPLACE (city or town) (State or country): Debica, Poland

17. INFORMANT: Mrs. Eleanora Kioduszewski

(Address) 625 S. Luzerne Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Mar. 2, 1937

19. UNDERTAKER: D. F. Sadowski & Sons

(Address) 150 E Eastern Ave.

20. FILED [illegible] 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1937, to Feb 26, 1937.

I last saw her alive on Feb 26, 1937. Death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:

None

Name of operation ..... Date of No

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leo F. Kulacki, M. D.

(Address) 126 S. Patterson Pk. Ave.

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 32929

F 32929 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 10-2 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs.....mos.....ds. How long in U. S. If of foreign birth? .....yrs.....mos.....ds.

2. FULL NAME Edith Williams

If U. S. Veteran specify WAR .....

(a) Residence: No. 816 Ashland Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER FATHER

13. NAME John Williams

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Laura Jones

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT John Williams

(Address) 816 Ashland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Cemetery Date Feb 26, 1937

19. UNDERTAKER Edw. Bryan

(Address) 1241 E. Biddle St.

20. FILED Feb 26 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) 1010 S. Eldorado Ave Coroner

Information should be carefully supplied. Any omission may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

V S 6

MAR 1 - 1937

M. D. F. 1268-9

Doris Short

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32930

F 32930

CERTIFICATE OF DEATH

115-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 Eutaw Place Ward) Baltimore Eye Ear - Throat Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Doris Short

(a) Residence: No. 1409 Brunt Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 13-1929

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	- 5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

13. NAME Anderson Banks

14. BIRTHPLACE (city or town) (State or country) Va

FATHER

15. MAIDEN NAME Ella Short

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ella Short
(Address) 1409 Brunt St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Mch 3. 1937

19. UNDERTAKER James A Stamps
(Address) 142 Argyle St

RECEIVED MAR 1 - 1937 Registrar for Wards

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1937, to Feb. 27, 1937.

I last saw her alive on Feb. 27, 1937. Death is said to have occurred on the date stated above, at 10:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hemorrhagic Splenomegaly with Septicaemia.	2-25-37 ?
Other contributory causes of importance: Tonsillectomy.	2-26-37

Name of operation Tonsillectomy Date of 2-26-37

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Edwin Kuralt Jr. M. D.

(Address) 1214 Eutaw Place.

information should be carefully supplied. Any doubtful statement should be omitted. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 32931

F 32931 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 82-3

Registered No. 23-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. In front of 305 S. Sharp St. St., Ward)

Length of residence in city or town where death occurred 42 yrs. — mos. — da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME Charles Davis. (c)

(a) Residence: No. 1017 S. Howard St. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Do not know

6. DATE OF BIRTH (month, day, year): Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	----	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Do not know.

14. BIRTHPLACE (city or town) (State or country): Do not know.

MOTHER

15. MAIDEN NAME: Do not know.

16. BIRTHPLACE (city or town) (State or country): Do not know.

17. INFORMANT: Mary Hopkins. (c)

(Address) 1017 S. Howard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Mch 1, 1937

19. UNDERTAKER James Lastayo

(Address) 142 W Pratt St

20. FILED ... Registrar

MAR 1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism.	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury?

Nature of operation ... Date of ...

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Harry Anstadt, M. D. Coroner

2/27/37 (Address) 1017 S. Charles St.

Exact statement of information should be carefully supplied. Age should be stated in years. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

32932 F 32932

32932 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

148

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Edgewood Sanitarium

CITY OF BALTIMORE: (No. 6000 Bellona Ave. St. ..... Ward) 27-11

Length of residence in city or town where death occurred 75 yrs. 10 mos. 26 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary H. Cunningham

(a) Residence: No. 309 Winston Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Cunningham

6. DATE OF BIRTH (month, day, year) April 1, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Long

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Tucker

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Clinton H. Cunningham

(Address) 309 Winston Ave., City

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Mar. 1, 1937

19. UNDERTAKER John A. Mitchell & Son

(Address) 1400 Eutaw Place, City

20. FILED Mar 1 1937 Witness [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1936 to Feb 27 1937

I last saw h[illegible] alive on Feb 26 1937. Death is said to have occurred on the date stated above, at 2.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uterus & rectum	Dec 1936
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None.

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. W. Wheaton, M. D.

(Address) 4309 York Road, City

Information should be carefully supplied, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

Dr. H. Wheaton.

32933 HEALTH DEPARTMENT—CITY OF BALTIMORE 32933

CERTIFICATE OF DEATH

Registered No. 180

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1645 E Madison St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest Forrest

If U. S. Veteran specify WAR

(a) Residence: No. 1645 E Madison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: M

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): S

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): March 13-1935

7. AGE: Years 1 | Months 11 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Wm Forrest

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Rosalie Watson

16. BIRTHPLACE (city or town) (State or country): Conghan Ireland

17. INFORMANT: Mrs Rosalie Forrest (Address) 1645 E Madison St.

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Zion Cemetery Date March 1st 1937

19. UNDERTAKER: [illegible] (Address) [illegible]

FILED MAR 1 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-23, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st 2nd degree burn of Chest & Abdomen	2/23/37
Conclusion of Fire	
Respiratory failure	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Nature of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2-23, 1937

Where did injury occur? 1645 Madison St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury - Child fell against stove

Nature of injury Burn

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible] Coroner

Information should be carefully supplied. Age and name of deceased must be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 32934

F 32934 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 180

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1645 Madison St., 7-5 Ward)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Charles Forrest

(a) Residence: No. 1645 E Madison St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

5a. If married, widowed, or divorced
HUSBAND of .....
(or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Feb 4-1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Forest

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Rosalie Watson

16. BIRTHPLACE (city or town) (State or country) Omaha Nebr.

17. INFORMANT Mrs Rosalie Forest

(Address) 1645 E Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cemetery Date March 1, 1937

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED March 1 1937 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-23, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st Degree Burns of chest & arms —	2/23/37
Inhalation of fire	
Other contributory causes of importance: Respiratory failure	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Vesta Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 2-23, 1937

Where did injury occur? 1645 Madison St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fire — 10 AM — caught on

Nature of injury Suffocation (Respiratory failure

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George P. Allen M. D.
Coroner

(Address) 20 E Lexington St

VS 6

information should be carefully supplied. Age should be stated even if only approximate. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 32935

F 32935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 180

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1645 Madison St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Shirley M. Forrest

If U. S. Veteran specify WAR

(a) Residence: No. 1645 E Madison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 23-1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm Forrest

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Rosalie Watson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Rosalie Forrest

(Address) 1645 E madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Cemetery Date Mch 2, 1937

19. UNDERTAKER Adams Funeral Home

(Address)

20. FILED 19 Registrar.

V 8 6

MAR 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-23 19 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st 2nd Burns both arms & chest & arms	2/23/37
Inhalation of fire	
Respiratory failure	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2-23, 19 37

Where did injury occur? 1645 Madison St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Fire — Coal fire exposure to flame

Nature of injury Burns Suffocation Respiratory failure

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George C. Allen M. D.

Coroner.

(Address) 0 Fayette

information should be carefully supplied. AGE should be stated in years, months and days. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

32936

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 32936

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1918-E. Lanvale St. St. 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth 50 yrs. mos. ds.

2. FULL NAME Joseph Di'Artino

If U.S. Veteran specify WAR no

(a) Residence: No. 1918-E. Lanvale Street, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Josephine Di'Artino

6. DATE OF BIRTH (month, day, year): 11/10/1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	3	17	xxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER

13. NAME: John Di'Artino

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Rose Demenico

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: John Di'Artino

(Address): 1918-E. Lanvale Street

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: Mar. 3. 1937

19. UNDERTAKER: George J. Ruth, Inc.

(Address): 1935-Harford Ave.

20. FILED 19 Registrar.

MAR 1 - 1937 Huntington Millcas, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1937 to Feb 27, 1937

I last saw him alive on Feb 27, 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Catarlar Heart disease	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 1823 N. Marl Dr.

Information should be carefully supplied. Avoid use of terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32937

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32937

CERTIFICATE OF DEATH

94-13

Registered No. 19-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1635 Wilkens Ave. St., 19-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U.S. Veteran specify WAR

2. FULL NAME Joseph Daniel Gettschall

(a) Residence: No. 1635 Wilkens Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah M. Gettschall

6. DATE OF BIRTH (month, day, year) March 26, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter D015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Thomas Hicks & Sons

10. Date deceased last worked at this occupation (month and year) February 25, 1937

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Kent County Maryland

FATHER

13. NAME Francis Gettschall

14. BIRTHPLACE (city or town) (State or country) Kent County Maryland

MOTHER

15. MAIDEN NAME Margaret Newcomb

16. BIRTHPLACE (city or town) (State or country) Kent County Maryland

17. INFORMANT (Address) Mrs. Sarah M. Gettschall 1635 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cemetery Date March 1, 1937

19. UNDERTAKER (Address) Joseph H. Cook 1003 W. Baltimore St.

20. FILED MAR 1 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 3 1932 to Feb. 27 1937

I last saw him alive on Feb. 26 1937 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 2/26/37 about 1 P.M.

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Physical signs Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. O. Dufilette M. D.

(Address) 1326 W. Lombard St.

Information should be given by person best qualified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32938

F 32938

CERTIFICATE OF DEATH

✓ 94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 E. Oliver St. 8-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Heyl

(a) Residence: No. 1713 E Oliver St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George E Heyl
Not Listed

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James Gilbert

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Annie McElroy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Daughter 3101 Ruth Ave
Mrs Myrtle E Christopher

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cemetery Date March 3 1937

19. UNDERTAKER Henry Heath Sons Inc
(Address) 421 Eutaw St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934 to Feb 27 1937

I last saw her alive on Feb 27 1937 Death is said to have occurred on the date stated above, at 8 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1934
Other contributory causes of importance: Angina Pectoris	1936

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) John J. Avery M. D.

(Address) 1603 E Broadway

information should be carefully supplied. Age should be stated in every case. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 4 1937

F 32939

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32939

CERTIFICATE OF DEATH

93-e

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 E. Lanvale St. 8-6 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME James W. Radford

(a) Residence: No. 1712 E. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Dora Radford

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Radford

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Elizabeth Hartwell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Dora Radford

(Address) 1712 E. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mass Cathedral Cemetery Date March 2nd, 1937

19. UNDERTAKER Henry Wood Sons, Inc

(Address) 301 E. Fayette St.

20. FILED ... 19 ... Registrar

PART 1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/27/ , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schenck M. D.
Coroner

(Address) 1912 E. Fayette St.

information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

32940

HEALTH DEPARTMENT—CITY OF BALTIMORE

32940

V 53-E

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 Barclay St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Margaret M. Meade

(a) Residence: No. 1114 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Apr. 30, 1879 ~~1880~~

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. F. X. Carter Co.

10. Date deceased last worked at this occupation (month and year) Jan 1937

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Michael Meade

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Honora Ward

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Mrs. Meade

(Address) 1114 Barclay St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Mar 2. 1937

19. UNDERTAKER Rita Wiedefeld

(Address) 914 Greenmount Ave

20. FILED MAR 1 - 1937 Harrington Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26-1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1937 to Feb 26, 1937

I last saw her alive on Feb 26, 1937. Death is said to have occurred on the date stated above, at 10 3/4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pelvis (over)	about 1 yr
	10 months

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Chas. D. Lytle M. D.

(Address) 2802 Harford

Information should be carefully supplied, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 32941 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a F 32941

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balti City Hospital 2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William R. Alluisi — If U. S. Veteran specify WAR .....

(a) Residence: No. 2010 Barclay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: X

6. DATE OF BIRTH (month, day, year): 1861

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto City Hall

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: 10 yrs

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Salvator alluisi

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Francis Talbot

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Nola Roche (niece)
(Address) 2010 Barclay St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Pleasant Date: 3-3 1937

19. UNDERTAKER: Wm M Whitelock Sons
(Address) 2320 Eutaw St

20. FILED: 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 27, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, said an inquest thereon and from the evidence obtained by said inquest found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Arteriosclerosis	

Other contributory causes of importance: Fracture of femur

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Jan 3, 1937

Where did injury occur? Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: at home

Manner of injury: fell down steps

Nature of injury: fracture of femur

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) A. A. Wright Coroner M. D.

(Address) 1010 S. Elbert St Balto

information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 32942 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32942

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1327 Ramsay St. 19-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. 1327 Ramsay St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Smith

6. DATE OF BIRTH (month, day, year) Oct. 14-1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington Co. Md

FATHER

13. NAME George Dixon

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Bailey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Lillie Davidson

(Address) Hagerstown Md

18. BURIAL, CREMATION, OR REMOVAL

Place Reedysville Md Date March 3 1937

19. UNDERTAKER Charles J. Schwab

(Address) 505 N. Bronson St.

20. FILED ..... 19..... Registrar.

MAR 1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Feb 22 37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos H Bridges, M. D. Coroner

(Address) 1939 Eutaw Pl. Balto

N. B.—WRITE PLAINLY with indelible pencil. All items must be answered or the word "unknown" or the proper abbreviation inserted. Information should be carefully supplied. AGE should be stated EXACTLY. Where the exact information cannot be given, approximate as nearly as possible. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

VS 6

F 32943

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32943

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hos St., 11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1/2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Henry Lewis

(a) Residence: No. Ellicott City, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 27, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Ellicott City Md

FATHER

13. NAME Wm Henry Brown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Laura Lewis

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Laura Lewis
(Address) Md

18. BURIAL, CREMATION, OR REMOVAL
Place Catonsville, Md Date 3-3 1937

19. UNDERTAKER H. Higinbotham Jr
(Address) Ellicott City Md

FILED MAR 1 - 1937 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-28 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-16 1937 to 2-28 1937

I last saw h[illegible] alive on 2-28 1937. Death is said to have occurred on the date stated above, at 5:32 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Confluent & Lobular	

Other contributory causes of importance:

Multiple lung abscesses

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Walter Henry Lewis Jr. M. D.

(Address) University Hospital.

information should be carefully supplied. Age should be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

32944

HEALTH DEPARTMENT—CITY OF BALTIMORE

32944

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3809 Park Heights ave 15-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Israel Michelson

(a) Residence: No. 3809 Park Heights ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of: Bella

6. DATE OF BIRTH (month, day, year): 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired pdt's

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Liquor Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Simon Michelson

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Elka Rokussin

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Louis Michelson

(Address) 2313 South Road

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville Cemetery Date March 1, 1937

19. UNDERTAKER: Sol Silberman & Bros

(Address) 1272 E. Baltimore st.

20. FILED MAR 1 - 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5th, 1936, to Feb. 27, 1937

I last saw h[illegible] alive on Feb. 27, 1937 Death is said to have occurred on the date stated above, at 10, m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetitis mellitus	1926
chr. myocarditis	1926
Hepatitis	1926
arterio Sclerosis	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Lab. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) R. G. Michelson M. D.

(Address) 2230 Eutaw Pl.

information should be carefully supplied. Age should be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. B 1268-9

F 32945 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 32945

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 70-2 Ward) Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John A. Robinson If U. S. Veteran specify WAR

(a) Residence: No. 418 Edgewood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susie Robinson

6. DATE OF BIRTH (month, day, year) Nov. 15/1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Henry Robinson

14. BIRTHPLACE (city or town) (State or country) Del

MOTHER

15. MAIDEN NAME Arnold

16. BIRTHPLACE (city or town) (State or country) Del

17. INFORMANT Susie Robinson
(Address) 418 Edgewood ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date 3/2/37 19

19. UNDERTAKER Philip Herwig Sons
(Address) 2016 Eastern Ave

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH, (month, day, year) Feb 27 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	
Other contributory causes of importance: Uremia	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
(Address) 1010 S. Edmondson Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS [illegible] information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vss

FEB 1 1937

32946 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 32946

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen Hosp. St. 27-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Dorothy Weidemeyer

If U. S. Veteran specify WAR

(a) Residence: No. 4301 Arabia Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Dudley Weidemeyer

6. DATE OF BIRTH (month, day, year) Oct 9/1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Herman Engel

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Katherine Kramer

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Dudley Weidemeyer

(Address) 4301 Arabia Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Dartwood Cem. Date 3/2/37 19

19. UNDERTAKER Philip H. Sears

(Address) 2016 Pennsylvania Ave

20. FILED MAR 1 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-3-37, 19 to 2-27-37, 19

I last saw her alive on 2-22-37, 19 Death is said to have occurred on the date stated above, at 7.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tbc.	
Other contributory causes of importance: Pulmonary Hemorrhage	
Bronchopneumonia	

Was an operation performed? yes Date of 2-4-37

For what disease or injury? Tbc.

Name of operation Thoracoplasty

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. P. Hughes M. D.

(Address) Md. Gen Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS ... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN ... state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VR 5

M. D. B. 1268-9

F 32947 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 32947

CERTIFICATE OF DEATH

✓ 3487-108

1. PLACE OF DEATH

Registered No. 10-3

CITY OF BALTIMORE: (No. Md. Penitentiary Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Robinson

(a) Residence: No. 954 Forrest St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife unknown

6. DATE OF BIRTH (month, day, year): Feb. 5th 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME: Marion Robinson

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT: Himself
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hereford, Md. Date March 1 1937

19. UNDERTAKER: Adolphus Hall Est
(Address) Hereford Md

20. FILED ... 19... Willie Bertram

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26 . . 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22nd, 1936 to Feb. 26th, 1937

I last saw him alive on Feb. 26th, 1937. Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endo Carditis	Unknown
Other contributory causes of importance: Pneumonia (over)	2 day

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) John F. Aubrey, M. D.

(Address) Temple Court Apts

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 1 - 1937

F 32948

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32948

CERTIFICATE OF DEATH

47-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 13-L Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Gallagher

If U. S. Veteran specify WAR

(a) Residence: No. 2818 Woodbrook Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Joseph Gallagher

6. DATE OF BIRTH (month, day, year) Apr 1st 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Appel

14. BIRTHPLACE (city or town) (State or country) Holland

MOTHER

15. MAIDEN NAME Caroline Heinze

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Miss Agnes Gallagher
(Address) 2818 Woodbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date March 2 1937

19. UNDERTAKER Martin Fahey & Sons
(Address) 1827 N. Howard Ave.

20. FILED MAR 1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-24, 1937 to 2-27, 1937

I last saw h... alive on 2-27, 1937. Death is said to have occurred on the date stated above, at 8:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx (?)	
Other contributory causes of importance:	

Was an operation performed? Tracheotomy Date of 2-27-37

For what disease or injury? Carcinoma of Larynx

Name of operation Tracheotomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) M. N. Gilbert, M. D.

(Address) Mercy Hospital

N. B.—WRITE PLAINLY with pen and ink. All information should be carefully supplied. AGE should be stated EXACTLY. Any information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32949

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32949

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 Homestead St., 9-5 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary W. Swann

If U. S. Veteran specify WAR

(a) Residence: No. 1415 Homestead St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph J. Swann

6. DATE OF BIRTH (month, day, year) June 18, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	8	12 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Calvert County

FATHER

13. NAME Francis M. Hutchins

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER

15. MAIDEN NAME Anna Hutchins Dorsey

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT W. H. Hutchins
(Address) Owings md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Harmony Date March 2 1937

19. UNDERTAKER W. H. Hutchins
(Address) Owings md.

20. FILED MAR 1 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-25-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-1-24, 19 to 2-25-37, 19

I last saw h alive on 2-27-37, 19. Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis [illegible]	2-13
Other contributory causes of importance:	
Senile Debility	1-1-24
Arteriosclerosis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK. AGE should be stated EXACTLY. If information should be carefully supplied. If not, it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

F 32950

F 32950 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5304 Greenhill ave St.) 26-2-17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Kastantinas Pietsch

(a) Residence: No. 5304 Greenhill ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Antania Pietsch

6. DATE OF BIRTH (month, day, year) 12 22 1885

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	51	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Presser. Clothes

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Sabastian Pietsch

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Madeline Lapin

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Antonia Pietsch

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rood Date 3 4 37

19. UNDERTAKER Leonard P. Rock

(Address) 805 Fairmount Ave.

20. FILED MAR 4 - 1937 Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS ... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 . 1937 to Feb 28 . 1937

I last saw him alive on Feb 28 . 1937 Death is said to have occurred on the date stated above, at 12:40A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis Lethargica	2 mos.
Other contributory causes of importance: Arteriosclerotic Cardio Vascular disease.	

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. M. Baumgardner M. D.

(Address) Roseville Md

F 32951

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2800 Hamilton Av St., 27-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John F. Russell

If U. S. Veteran specify WAR .....

(a) Residence: No. 2800 Hamilton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowered

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Anderson

6. DATE OF BIRTH (month, day, year) Nov. 6, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Newport Delaware

FATHER

13. NAME John Russell

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine James

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Mary Anderson
(Address) 2800 Hamilton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Newark, Del Date 3 3 - 1937

19. UNDERTAKER Francis J. Gluck
(Address) 5345 Belair Rd

20. FILED MAR 1 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1936, to Feb 28, 1937

I last saw him alive on Feb 28, 1937 Death is said to have occurred on the date stated above, at 2:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	unknown
Hypertension	unknown

Other contributory causes of importance:

Hypertrophy of prostate	Jan 1937

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? clinical cause. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Francis W. Gluck M. D.

(Address) Gilman Apts

S. 1.—WRITE LEGIBLY. Information should be carefully supplied. AGE should be stated in every case. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32952 F 32952

CERTIFICATE OF DEATH

72-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 16-5 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Regina Shipley If U. S. Veteran specify WAR

(a) Residence: No. 2312 Calverton Heights St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of James Shipley

6. DATE OF BIRTH (month, day, year) May 17 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. N. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto., Md. (State or country)

FATHER

13. NAME Wm. Herrlich

14. BIRTHPLACE (city or town) Balto., Md. (State or country)

MOTHER

15. MAIDEN NAME Rose Schneider

16. BIRTHPLACE (city or town) Balto., Md. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 3/1 1937

19. UNDERTAKER Geo. A. Lyden & Son (Address) Lafayette

20. FILED ... 19... Registrar.

MAR 1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-27 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10 1937 to Feb. 27 1937

I last saw h[illegible] alive on Feb. 27 1937 Death is said to have occurred on the date stated above, at 5½ p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myeloid Leukaemia	Dec. 1936
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Irving Freeman M. D.

(Address) Mercy Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK. AGE should be stated EXACTLY. If information should be carefully supplied. If not known approximately, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

325459 F 32953

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 32953

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 6-5-23 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lilly Killbrew

If U. S. Veteran specify WAR .....

(a) Residence: No. 227 N. Caroline St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 5-11-33

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. good

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Jas. Powell

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Rosalie Killbrew

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 3-1- 1937

19. UNDERTAKER Burch Dennis & Wright

(Address) 1218 E Eldersly St

20. FILED MAR 1 - 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1937, to Feb 28, 1937

I last saw her alive on Feb 28, 1937. Death is said to have occurred on the date stated above, at 1.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	11-1-36
Tuberculous meningitis	2-12-37
Pulmonary tuberculosis	11-1-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. C. Stiffler Jr. M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

F 32954 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-F 32954

REGISTERED NO. 16-1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 Harlem Ave ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hallie Greaway

(a) RESIDENCE. No. 1212 Harlem Ave ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 3, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48 yrs		11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Private home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Elliott City Md

PARENTS

10 NAME OF FATHER Owings Greaway

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co Md

12 MAIDEN NAME OF MOTHER Amanda Rhentrin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co Md

14 Informant: Annie Greaway (sister) (Address) 1212 Harlem Ave

15 FILED MAR 1 - 1937 Washington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26th 1937

17

I HEREBY CERTIFY, That I attended deceased from Nov 15th, 1936, to Feb 26th, 1937

that I last saw h alive on Feb 26th, 1937.

and that death occurred, on the date stated above, at 12 41 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 2 mo yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adam Jos, M. D.

19 (Address) 4616 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: March 1937

20 UNDERTAKER: Mrs Katie R. Williams

ADDRESS 322 11 Schroeder

MARGIN—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Each item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 32955 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32955

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 6420 Reisterstown Rd. Ward) Mount Hope Retreat

Registered No. 11

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 88 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Green

If U.S. Veteran specify WAR

(a) Residence: No. 4705 Park Hgts. Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 7, 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joseph Green

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Cromwell

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Amelia Durrbeck,
(Address) 4705 Park Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date MAR 3 1937

19. UNDERTAKER Geo W Sittle
(Address) 2700 Edmondson Ave.

20. FILED MAR 1 - 1937 Huntington Williams, Reg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1934 to February 27, 1937

I last saw her alive on February 27, 1937. Death is said to have occurred on the date stated above, at 11:35 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset (?)
Arteriosclerosis - marked	
Epileptic seizure	28 yrs
Other contributory causes of importance:	
Myocardial decompensation	3 days

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Damon C. Magida M. D.
(Address) 336 Fredrick Ave

F 32956

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 32956

34-C-97-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2617 Edmondson Ave. St., 70-2 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? 15 yrs. mos. da.

2. FULL NAME Agatino Spadaro,

If U. S. Veteran, specify WAR Italian Army

(a) Residence: No. 2617 Edmondson Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Spadaro,

6. DATE OF BIRTH (month, day, year) Ausust 20.1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) 1937

11. Total time (years) spent in this occupation 15Yrs

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Frank Spadaro,

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Josephine Faro.

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs Mary Spadaro,

(Address) 2617 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date MAR 4 1937

19. UNDERTAKER John O Miller,

(Address) 2700 Edmondson Ave.

20. FILED MAR 1 1937 Registrar

VS 3

N. B.—WRITE PLAINLY, with unfading ink. AGE should be stated EXACTLY. PHYSICIAN should be careful to see that information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 28 1937

22. I HEREBY CERTIFY, That I attended deceased from October 1st, 1936 to Feb 28, 1937

I last saw him alive on Feb 28, 1937 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Sudden
Other contributory causes of importance: Aortic Aortitis	10 or more years?

Was an operation performed? no Date of

For what disease or injury? no

Name of operation

What test confirmed diagnosis? Blood Wasserman Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph L Zierler M. D.

(Address) Medical Arts Bldg

✓ F 32957

32957 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. 7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Clay

(a) Residence: No. 1106 N Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis Clay

6. DATE OF BIRTH (month, day, year) June 12, 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Carolina

FATHER

13. NAME Grant Smith

14. BIRTHPLACE (city or town) (State or country) N Carolina

MOTHER

15. MAIDEN NAME Ida Jefferson

16. BIRTHPLACE (city or town) (State or country) N Carolina

17. INFORMANT Lillie Smith

(Address) 1216 N Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Roxboro N.C Date March 1, 1937

19. UNDERTAKER Robt F Williams

(Address) 15-15 McElderry St

20. FILED MAR 1 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1937, to Feb 27, 1937

I last saw h alive on Feb 27, 1937 Death is said to have occurred on the date stated above, at 5:55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Measles	2-13-37
Encephalomyelitis	2-19-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frances S Schwencker M. D.

(Address) Sydenham Hospital

information should be carefully supplied. Age should be stated in years, months and days if under one year. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F. 32958

D. B 1268-9

F. 32958

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

1. PLACE OF DEATH Pier #2 Pratt St 21-2

CITY OF BALTIMORE: (No. ... St. ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daniel H. Hofflemyer

if U. S. Veteran specify WAR .....

(a) Residence: No. 834 Washington Blvd., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Annie Hofflemyer

6. DATE OF BIRTH (month, day, year) Jan 24 69

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Daniel H. Hofflemyer

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Delaney

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Pearl M. Rahm

(Address) 834 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date 3/2/ 1937

19. UNDERTAKER John J Conway Jr.

(Address) 1911 Hollins St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/26. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry)

to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

24. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Not Date of injury 2/ ... 19 ...

Where did injury occur? Buffalo Mill

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Buffalo Harbor

Manner of injury Drowned

Nature of injury ...

25. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Owen P. Phillips M. D.

(Address) 1031 St Paul St

N. B.—WRITE PLAINLY, WITH LEAD PENCIL. All items must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 2 1937

11

F 32959

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32959

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leroy Griffin (21250)

If U. S. Veteran specify WAR

(a) Residence: No. 325 N. Schroeder St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Novem. 5, 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 057

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Wm. Henry

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Cornish

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL MAR 1 - 1937

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED MAR 1 - 1937 Registrar

3034 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 25 1937

22. I HEREBY CERTIFY, That I attended deceased from February 23, 1937 to February 25, 1937

I last saw h. im alive on February 25, 1937. Death is said to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Dec 1934

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dem H. Feldman M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, with pen and ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 32960

F 32960

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St. 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Williamson

(a) Residence: No. R. F. D. #1 Hartford County St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-5-37

7. AGE	Years	Months	Days	If LESS than 1 day 14 hrs. or 25 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Roman Williamson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Gertrude Wells

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 1 - 1937

19. UNDERTAKER Commissioner of Health

(Address)

FILED MAR 1 - 1937 H. A. Moore Huntington Hilligan, Registrar.

3033

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-5 , 1937

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Injury at birth without Cesarean operation	
Other contributory causes of importance: Hemolytic jaundice liver	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) W. Helmholz, M. D.

(Address) The Johns Hopkins Hospital

N. B.—WRITE PLAINLY. All information should be carefully supplied. AGE should be stated EXACTLY. If less than one day, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 1 - 1937

F 32961

F 32961 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St. 2-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Garrett

If U. S. Veteran specify WAR

(a) Residence: No. 263 South Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-1-37

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Frank Barrett

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Jane Oglebarzyk

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL MAR 1 - 1937
Place JOHNS HOPKINS MEDICAL SCHOOL Date . 19

Commissioner of Health

(Address)

Per [illegible]

MAR 1 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-1 . 1937

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intrauterine death	
congenital malformation (Chondrodystrophic dwarfism)	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, state

(Signed) Werner Steinberg, M. D.

(Address) The Johns Hopkins Hospital

3052

information should be carefully supplied. AGE should be stated EXACTLY. If unknown, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32962

32962

HEALTH DEPARTMENT—CITY OF BALTIMORE

2106

133

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 23-1 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Bessie Taylor

(a) Residence: No. 1109 Race St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	W

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Deceased

6. DATE OF BIRTH (month, day, year) Dec. 14, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
35 yrs	34	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Hodges

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Daisey Emory

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT B. C. H Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lebanon Date May 1 1937

19. UNDERTAKER
(Address)

20. FILED ..... 19..... Registrar.

MAR 1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-25- 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-15- 1937 to 2-25- 1937

I last saw her alive on 2-25- 1937. Death is said to have occurred on the date stated above, at 6.30 p. m.

The principal cause of death and related causes of importance:

	Date of onset
Peritonitis - Cause undetermined	3 days.
Other contributory causes of importance: Syphilis	2 wks.

Was an operation performed? yes Date of 2-24-37

For what disease or injury? Peritonitis

Name of operation Laparotomy

What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. Stone M. D.

(Address) Balt. City Hosp

N. B.—WRITE PLAINLY, with unfading ink. AGE should be stated EXACTLY. PHYSICIANS should be careful to see that information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful to see that information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32963

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32963

108

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1834 W. Baltimore St., 70-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Purcell B. Nolan

If U. S. Veteran specify WAR

(a) Residence: No. 1834 W. Baltimore St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nina M. Nolan

6. DATE OF BIRTH (month, day, year) Aug 5th 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Chicago Ill

FATHER

13. NAME William Nolan

14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER

15. MAIDEN NAME Johanna McCarthy

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs Nina M. Nolan

(Address) 1834 W. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 3/4/ 1937

19. UNDERTAKER John J. Cowan & Son

(Address) 901 Hollins St

20. FILED MAR 1 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/28/ 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18 1937 to Feb 27 1937

I last saw him alive on Feb 27 1937 Death is said to have occurred on the date stated above, at 3.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2-20-37
Other contributory causes of importance:	
Myocarditis.	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. S. French M. D.

(Address) 7014 Amherst Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32964

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32964

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2710 Parkwood Ave St., 13-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Irene Boukedis

If U. S. Veteran specify WAR .....

(a) Residence: No. 2710 Parkwood Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 10 - 1916

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
20	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Toronto. Canada.

FATHER

13. NAME James Boukedis

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Sorta Konstant

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Mrs Sorta Paris

(Address) 2710 Parkwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date 3/2/ 1937

19. UNDERTAKER John J Gowan & Son

(Address) 901 Hollins St.

20. FILED MAR 1 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/27/ 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-1-37, 19..., to 2/27, 1937

I last saw h.. alive on 2-27, 1937. Death is said to have occurred on the date stated above, at 6 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	6 mo

Other contributory causes of importance:

None

Was an operation performed? None Date of —

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? None If so, specify .....

(Signed) Chas Norton M. D.

(Address) 1887 N Loudon St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F32965

CERTIFICATE OF DEATH

110 F32965

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3218 Dudley Ave St., 26-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katherine Belle Fray

If U.S. Veteran specify WAR .....

(a) Residence: No. 3218 Dudley Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Clarence R

6. DATE OF BIRTH (month, day, year): Aug 2 1892

7. AGE: Years 44 | Months 6 | Days 26 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year): 2/27/37

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Joseph A. Holt

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Yetta Wick

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Clarence R. Fray

(Address) 3218 Dudley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Olivet Date: 3/3/37

19. UNDERTAKER: Wellington Cook

(Address) 1217 St Paul Street

20. FILED: MAR 1 - 1937 Wellington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 28 37

22. I HEREBY CERTIFY, That I attended deceased from Feb 27 1937 to Feb 28 1937

I last saw h[illegible] alive on Feb 28 1937. Death is said to have occurred on the date stated above, at 1245 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Heart failure	2/28/37
Other contributory causes of importance: Pernicious Anemia	?
Acute Pleuresy	2/26/37

Was an operation performed? — Date of —

For what disease or injury? —

What test confirmed diagnosis? Autopsy. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C N Meyer Jr M. D.

(Address) 1520 E. 33rd St

N. B.—WRITE PLAINLY, with unfading ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32966

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 32966

Registered No. 92a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3306 Windsor St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 74 yrs. 10 mos. 0 ds.

2. FULL NAME Charles Rubin Dilworth

If U.S. Veteran specify WAR NONE

(a) Residence: No. 3306 Windsor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Apr 28 1862

7. AGE: Years 74 | Months 10 | Days 0 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Norfolk Virginia

FATHER

13. NAME: Peter C. Dilworth

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Emma C. Mears

16. BIRTHPLACE (city or town) (State or country): Nansemond Virginia

17. INFORMANT: Mr. J. Mears Dilworth (Bro)
(Address) 3306 Windsor Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Mar. 2 '37

19. UNDERTAKER: Sherwood Monroe Co.
(Address) 108 W. Read Ave.

20. FILED: Huntington Williams Reg.
MAR 1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/28/37

22. I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1937 to Feby. 28, 1937

I last saw him alive on Feby. 23, 1937 Death is said to have occurred on the date stated above, at 2a m.

The principal cause of death and related causes of importance were as follows:

Mitral insufficiency with regurgitation of over a period of several years. Gradual exhaustion

Date of onset

Other contributory causes of importance:

Heart failure 2/28/37

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Hyslop Cole M. D.

(Address) 2207 Garrison Blvd.

N. B.—WRITE PLAINLY, WITH INDELIBLE PENCIL. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 32967

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32967

CERTIFICATE OF DEATH

Registered No. X133

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7-5 St., Ward)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Linda Flowers

(a) Residence: No. Denton Md St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Flowers.

6. DATE OF BIRTH (month, day, year) 3/25/74

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm Hyquett

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Morgan

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Mar. 2 1937

19. UNDERTAKER J. Virgil Moore

(Address) Clifton Blvd

20. FILED ..... 19..... Registrar.

MAR 1 - 1937 Remington Baltimore, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1937 to Feb 28, 1937

I last saw h[illegible] alive on Feb 28, 1937 Death is said to have occurred on the date stated above, at 6:30 p m.

The principal cause of death and related causes of importance were as follows:

~~Coronary occlusion~~

Peritonitis — Date of onset Feb 22, 37

Perineal abscess

Other contributory causes of importance:

~~Anaemia - Arteriosclerosis cardiac and~~
~~Cancer [illegible] not approximated.~~

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Preston M. Kelsey, jr. M. D.

(Address) Johns Hopkins Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK. This certificate must be filled out EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 32968 HEALTH DEPARTMENT—CITY OF BALTIMORE

48 F 32968

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2725 Fait Avenue. St., 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Fredricka C. Dash.

(a) Residence: No. 2725 Fait Avenue. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George P. Dash

6. DATE OF BIRTH (month, day, year) December II-54.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	2	I6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Schumberg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Margaret Dash.
(Address) 2725 Fait Avenue.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date 3-2-37. 19

19. UNDERTAKER Mendell & Hunt Funeral
(Address) 1501 N. Broadway.

20. FILED MAR 1 - 1937 Evington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-27-37. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1937 to Feb 27 1937

I last saw her alive on Feb 27 1937 Death is said to have occurred on the date stated above, at 3.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	
Chron. myocarditis	
Arterio Sclerosis	
Other contributory causes of importance: Carcinoma Uteri	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. [illegible] Wright M. D.

(Address) 1010 S. Ellwood Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 32969

✓ F 32969

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 Fell St St., 2-3 Ward)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME Premature Marzenhoff

If U. S. Veteran specify WAR .....

(a) Residence: No. 910 Fell St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 15-1937

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			7

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) 910 Fell St Balto Md

FATHER

13. NAME Fred Marzenhoff

14. BIRTHPLACE (city or town) (State or country) 910 Fell St Baltimore, Md

MOTHER

15. MAIDEN NAME Frances Ramus

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT

(Address)

18. BURIAL, ~~CREMATION~~, OR REMOVAL

Place University of Maryland Laboratory Date 2/15 37

19. UNDERTAKER

(Address)

20. FILED MAR 1 - 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-15 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/15-37 19.. to 2/15 37 19..

I last saw him alive on 2/15 1937 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, state how

(Signed) W. R. Johnson, M. D.

Med. Exr. Bq.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS ... PHYSICIANS should be stated EXACTLY. AGE should be carefully supplied. Exact statement of information should be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 32970

32970 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH St. Agnes Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. 25-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Baby Boy Tester

(a) Residence: No. Gambrills. Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-22-37

7. AGE	Years	Months	Days	If LESS than 1 day, Hrs. or Min.
				8 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gambrills Maryland

FATHER

13. NAME Colverde M. Tester

14. BIRTHPLACE (city or town) (State or country) Bristol Virginia

MOTHER

15. MAIDEN NAME Jeannette Dove

16. BIRTHPLACE (city or town) (State or country) Birdsville Md.

17. INFORMANT Colverde M. Tester

(Address) Gambrills. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Hospital Grounds Date 2-24 1937

19. UNDERTAKER .....

(Address) .....

20. FILED MAR 1 - 1937 By Director for Williams Registrar 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1937, to 2/22/37, 19..... I last saw him alive on Feb. 22, 1937. Death is said to have occurred on the date stated above, at 4 55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (7 MON)	2-22-37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Daniel Geo. Wehner M. D.

(Address) St Agnes

N. B.—WRITE PLAINLY, WITH CAPABLE PENCIL. AGE should be stated EXACTLY. PHYSICIANS should be carefully supplied. AGE should be carefully supplied, so that it may be properly classified. Exact statement of information should be given in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

F 32971

F 32971 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 134

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Church Home & Infirmary (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 1½ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U.S. Veteran specify WAR

2. FULL NAME Mr Henry Helge
(a) Residence: No. 1614 East Lafayette Ave, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 19, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	9	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Capt
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER
13. NAME John C. Helge
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Helen Ahlers
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Anna C. Helge
(Address) 1614 E. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL Date 3/3/37.
Place Balto Cem Loudon Park

19. UNDERTAKER Hellmann & Lordan
(Address) 32 Broadway

MAR 1 - 1937 Registrar Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27. 1937

22. I HEREBY CERTIFY, That I attended deceased from December 3. 1936. to Feb. 27. 1937.
I last saw him alive on Feb 27. 1937. Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	?
Arterio-sclerotic heart disease	?

Other contributory causes of importance:
Chronic nephritis, Nephrolithiasis bilateral, generalized arteriosclerosis

Was an operation performed? Yes Date of Dec 3, 1937
For what disease or injury? Benign Prostatic Hypertrophy and Vesical Calculi.
What test confirmed diagnosis? Clin Lab Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. J. Ket M. D.
(Address) Church Home & Inf

N. B.—WRITE PLAINLY, WITH INKADING INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 32972

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 S. Bond St., 3-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph T. Rankin

If U. S. Veteran specify WAR .....

(a) Residence: No. 419 S. Bond St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Kohn Rankin

6. DATE OF BIRTH (month, day, year) May 28 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Peter

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Kane

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hugh Rankin

(Address) 1104 S. Hoffman St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date March 2 1937

19. UNDERTAKER Frank P. Pisitone

(Address) 2818 E. Baltimore

20. FILED MAR 2 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

Coroner

(Address) 1010 S. Belnord Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 32973 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32973

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 234 S. Wolfe St. 3-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Christina Pinni - Pinni

If U.S. Veteran specify WAR .....

(a) Residence: No. 234 S. Wolfe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Jan 13 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Raphael Pinni

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Marie Dinenna

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Raphael Pinni 234 S. Wolfe St
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date March 2 1937

19. UNDERTAKER Martin W.C. Diffpb
(Address) 828 Carey [illegible]

20. FILED MAR 1 - 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15 1937 to Feb. 27 1937.

I last saw her alive on Feb 27 1937. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	2/14/37
Flu	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Signs Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) A. N. Dieplett M. D.

(Address) 1326 W. Lombard St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

32974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 32974

B 159

1. PLACE OF DEATH

CITY OF BALTIMORE (No. St. Joseph's Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Silverman

If U.S. Veteran specify WAR

(a) Residence: No. 2504 16th St NE Washington DC St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-25-37-9 10 PM

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
				3

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME David Silverman

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Mary Drummond

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Bernadette Drummond

(Address) 106 Rochester Pl.

18. BURIAL, CREMATION, OR REMOVAL

FIRM JOHNS HOPKINS MEDICAL SCHOOL MAR 1 - 1937 19

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED Lucy Washington Williams Clerk

MAR 1 - 1937 3068 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/26/1937

22. I HEREBY CERTIFY, That I attended deceased from 2-25-37-9 PM to 2/26/37 19

I last saw her alive on 2/26/37 19 Death is said to have occurred on the date stated above, at 1 35 PM

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

none

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Benj. H. Isaacs M. D.

(Address) St. Josephs Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32975

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32975

CERTIFICATE OF DEATH

47-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 26-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard Gochenour

If U. S. Veteran specify WAR

(a) Residence: No. 1010 S. Conkling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Gochenour

6. DATE OF BIRTH (month, day, year) May 11 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52 51	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Upholst 60 Employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Joseph Gochenour

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Mary Allcamp

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Margaret Elwood

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Mar 3. 1937

19. UNDERTAKER Tilly & Sullivan

(Address) 405 S. Paca St.

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-29, 1936 to 2-28, 1937

I last saw him alive on 2-28, 1937 Death is said to have occurred on the date stated above, at 1.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyopneumothorax, left	2-7-37
Pneumonia, rt. lower lobe	2-26-37

Other contributory causes of importance:

Was an operation performed? Yes Date of 12-31-36

For what disease or injury? Carcinoma of Larynx

Nature of operation Laryngectomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. H. Gilkis M. D.

(Address) Mercy Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 1 - 1937

Spec.—2-29-28—L. F. S.—500 Bks.

F 32976

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32976

CERTIFICATE OF DEATH

23

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2913 Eastern Ave ST. 1-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Cecelia Julia Obrycki

(a) RESIDENCE NO. 2913 Eastern ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W	M

5a If married, widowed, or divorced (or) WIFE of Francis Mitchell Obrycki

6 DATE OF BIRTH (month, day, and year) July 17. 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H.W. 1937

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER John Willins Robertson

11 BIRTHPLACE OF FATHER (city or town) Wash (State or country) D.C.

12 MAIDEN NAME OF MOTHER Mary Agnes Kreger

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Mary Agnes Robertson

(Address) 2913 Eastern ave

15 [illegible] 19 [illegible]

MAR 1 - 1937

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/26/37

17 I HEREBY CERTIFY, That I attended deceased from 5/19/36, 19..., to 2/26/, 1937, that I last saw her alive on 2/26/ 1937 and that death occurred, on the date stated above, at 3.20 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tbc -

Chronic Myocarditis - (duration) yrs. 9 mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchial pneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? Autopsy examination

What test confirmed diagnosis?

(Signed) George Abner Bowden, M. D.

3/1, 1937 (Address) 1517 E North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Mar 2 1937

20 UNDERTAKER Tilly & Zeilenfelder — ADDRESS 4538 Wo[illegible]

NOTE.—WRITE PLAINLY, WITH UNFADING INK. All items should be stated EXACTLY. PHYSICIANS should be careful that information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B 1268-9

F 32977

F 32977 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME .....

(a) Residence: No. ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) .....

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) .....

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ..... 19..

19. UNDERTAKER .....
(Address)

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ..... 19..

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... on the ..... and from the ..... obtained by said ..... (Inquest, Autopsy or Inquiry) to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... Coroner ..... M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 1 1937

M. D. B 1268-9

F 32978

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 32978

54

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3016 Belmont Ave Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John W. O'Brien

If U. S. Veteran specify WAR .....

(a) Residence: No. 3016 Belmont Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie O'Brien

6. DATE OF BIRTH (month, day, year) Aug. 14 1866

7. AGE	Years	Months	Days	If UNDER 1 day, ... hrs. or ... min.
	70	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Policeman

9. Industry or business in which work was done, as mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Luke O'Brien

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ann Snyder

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Luke O'Brien

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 3/2 193

19. UNDERTAKER Margaret E. Flynn

(Address) 1422 Light St.

20. FILED MAR 2 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28, 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an ... thereon and from ... obtained by said ... (Inquest, Autopsy or Inquiry) find that ... 3 P.M. to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) C. Hays Carver Coroner, M. D.

(Address) 1215 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR Vss

E 32979

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 32979

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3108 Northern Parkway 27-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth L. Knight

If U. S. Veteran specify WAR

(a) Residence: No. 3108 Northern Parkway Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Theodore H Knight

6. DATE OF BIRTH (month, day, year) 2-14-1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Albert Heine

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Baker Balt, Md.

17. INFORMANT James M. Knight (Address) 3108 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date 3/1 1937

19. UNDERTAKER Leonard J Rusk (Address) 6305 Harford Ave.

20. FILED MAR 2 - 1937 Thurston Thomas, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/22/37. 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936 to Feb. 27, 1937

I last saw h[illegible] alive on Feb 25, 1937 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (chronic)	11/1/36
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eugene L Lerch M. D.

(Address) 514 Druid Lane

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 32980

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32980

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2008 Rockrose Ave 13-8 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles E. Mentzell

If U.S. Veteran specify WAR .....

(a) Residence: No. 2008 Rockrose Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L. Mentzell

6. DATE OF BIRTH (month, day, year) June 8, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marble Finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John E. Mentzell
(Address) 2008 Rockrose Ave

18. BURIAL, CREMATION, OR REMOVAL
Mt. Olivet Date Mar 3 1937

19. UNDERTAKER Thos. J. Dolan
(Address) 36 S. 7 Chestnut Ave

20. FILED ... Registrar

MAR 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21 1937 to Feb. 28 1937

I last saw him alive on Feb. 25 1937 Death is said to have occurred on the date stated above, at 3 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	2/20
Other contributory causes of importance: Myocardial failure	

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Was there an autopsy? No

22a. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19 ...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Beatrice Bodenger M. D.

(Address) 3000 Reisterstown Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 32981

M. D. B 1268-5

F 32981

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3108 Greenmount ave St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Andrew J. Moore

(a) Residence: No. 3108 Greenmount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura E Moore

6. DATE OF BIRTH (month, day, year) Dec 17, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Produce dealer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Vincent Moore

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Gordy

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Elizabeth Moore

(Address) 3812 Greenmount ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date March 3, 1937

19. UNDERTAKER Lakewood Lodge

(Address) 3615-17 Christmas Ave.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28, 1937

22. I HEREBY CERTIFY, That I last saw the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Bronchopneumonia	2-26-37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. H. Feldmeier, M. D. Coroner

(Address) Coroners

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Void

32982

HEALTH DEPARTMENT—CITY OF BALTIMORE

32982

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1330 Myrtle Ave. St. [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lettie Wallace

(a) Residence: No. 1330 Myrtle Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	W. Dowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Wallace

6. DATE OF BIRTH (month, day, year) July 2, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Painter - Va.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mae E. Thaxlace

(Address) 339 Edgelin St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date March 2' 37

19. UNDERTAKER Mrs. Geo. H. Holland

(Address) 631 Druid Hill Ave

20. FILED [illegible]

MAR 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-27 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-26 1937 to 2-27 1937

I last saw her alive on 2-27 1937. Death is said to have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coron Pneumonia	2-26-37
Other contributory causes of importance: Acute Myocarditis	2-27-37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Phys. Exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dow. L. Berry M. D.

(Address) 1420 E. Chase St.

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 250B

F 32983

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32983

CERTIFICATE OF DEATH

V 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 242 S. Caton Ave 26-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eliza A Benton

(a) Residence: No. 242 S. Caton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Seth Benton

6. DATE OF BIRTH (month, day, year) July 1 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58 59	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 21 yrs

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Adam Fuller

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eliza Gray

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Earl D. Kidwell

(Address) 242 S. Caton ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Star Date Mar. 3, 1937

19. UNDERTAKER Charles W. Dill.

(Address) 3109 Frederick Ave.

20. FILED MAR 2 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/28/ 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/10/ 1937, to 2/28/ 1937

I last saw her alive on 2/27/ 1937, death is said to have occurred on the date stated above, at 11.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	2 mos.
Other contributory causes of importance:	
Arteriosclerosis	Unk
	2 mos.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Guy Bosley M. D.

(Address) 519 N Carrollton ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32984

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32984

CERTIFICATE OF DEATH

107-a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St. 11-d Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles A. Brown

If U.S. Veteran specify WAR .....

(a) Residence: No. 310 W Lanvale St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Maurice F. Brown

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cash

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Florida

FATHER

13. NAME Robert Brown

14. BIRTHPLACE (city or town) (State or country) Florida

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Florida

17. INFORMANT Mrs. Ella Stobe
(Address) 310 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 3/2/37

19. UNDERTAKER J. S. Duckett & Son
(Address) 1300 Eutaw Place

20. FILED MAR 2 - 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-26-36, 19..., to 2-28-37, 19...

I last saw him alive on 2-28-37, 19... Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerotic gangrene foot	Sept 1936
Other contributory causes of importance: Bronchio pneumonia	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Francis R Stephenson M. D.

(Address) St Josephs Hospital

M. D. B 1268-9

F 32985

F 32985 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 181

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen Hospital St. Paul Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jane Alexander Towery
If U. S. Veteran specify WAR

(a) Residence: No. 535 N Bond St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 15, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34 yrs.	4	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spinner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Silk Mill
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME Louis Towery
14. BIRTHPLACE (city or town) (State or country) U. S.

MOTHER
15. MAIDEN NAME Richard Crowshue
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Bertie Baker
(Address) 535 N. Bond St.

18. BURIAL, CREMATION, REMOVAL Bare
Place Mount Auburn Date March 4 1937

19. UNDERTAKER Joseph P. Sivigny
(Address) 1629 Eutaw Street

20. FILED MAR 2 - 1937 19 Huntington Wilson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and (from the (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st-2nd-3rd degree burns.	

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Feb 28 1937
Where did injury occur? Skelton
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place In Spinning
Manner of injury Fell & Hot metal turned over
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas Corner M. D.
Coroner
(Address) 125 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32986

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32986

CERTIFICATE OF DEATH

122-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 11 Ward) 19

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John S Slaughter

If U.S. Veteran specify WAR ....

(a) Residence: No. 2503 Crest Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 28. 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto - md.

FATHER

13. NAME John D. Slaughter

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Carolyn Stevens

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT John D. Slaughter

(Address) 2503 Crest Road

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Mch. 2 1937

19. UNDERTAKER John P. Mitchell Sons

(Address) 1900 Eutaw Place

20. FILED 19 Registrar

MAR 2 - 1937 Huntington Milwaukee, N.Y.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1937 to March 1 1937

I last saw him alive on March 1 1937 Death is said to have occurred on the date stated above, at 5-15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mesenteric Thrombosis	Jan 5, 1937
Obstruction of small intestine	Jan 5, 1937
Other contributory causes of importance Pneumonia, (Bronchs)	Feb 2, 1937

Was an operation performed? Yes Enterotomy Date of Jan 6 1937

For what disease or injury? Intestinal obstruction

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Vernon H. Norwood M. D.

(Address) Church Home & Infirmary

Spec.—9-30—A. & Co.—250 Bks

F 32987

32987 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. √23

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 822 n. Carey St. 16-2 WARD)

2. FULL NAME Henry Alexander Dent.

(a) RESIDENCE No. 822 N. Carey St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Blk.	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Henrietta West Dent

6 DATE OF BIRTH (month, day, and year) Nov 10, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Club Steward

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Green Spring Club.

9 BIRTHPLACE (city or town) (State or country) Charles Co. Md.

PARENTS

10 NAME OF FATHER Jesse Dent

11 BIRTHPLACE OF FATHER (city or town) (State or country) La Plata Charles Co. Md.

12 MAIDEN NAME OF MOTHER Katyrine Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) La Plata Charles Co.

14 Informant (Address) Henrietta Dent 822 N. Carey St.

15 Filed MAR 2-1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 28. 1937.

17

I HEREBY CERTIFY, That I attended deceased from April, 1936, to Feb 28, 1937

that I last saw h alive on Feb 26, 1937

and that death occurred, on the date stated above, at 2 15 P m.

The CAUSE OF DEATH* was as follows:

(Patient) Pulmonary Tuberculosis

"Pathogen Florida" (duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray & Exam.

(Signed) Talmon F. Williams M. D.

, 19 (Address) Patuxville. Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arbutus Cem. DATE OF BURIAL 3/3 1937

20 UNDERTAKER Thomas E. Kelson Funeralman ADDRESS 1303

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

Spec.—1-30—M. & T.—250 Bks.

F 32988

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32988

CERTIFICATE OF DEATH.

108

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 943 Bennett Place ST., 48-1 WARD)

2-FULL NAME Jesse Harper 943 Bennett Place ST., WARD

(If non-resident give city or town and State)

(a) RESIDENCE NO. 943 Bennett Place

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Daisy Harper

6 DATE OF BIRTH (month, day, and year): 1887

7 AGE — Years: 50 — Months: — Days: — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Essex, N.C.

PARENTS

10 NAME OF FATHER: Virgis Harper

11 BIRTHPLACE OF FATHER (city or town) (State or country): N.C.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N.C.

14 Informant (Address): Daisy Harper 943 Bennett Place

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 26, 1937

17 I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1937, to Feb. 26, 1937, that I last saw h... alive on Feb. 25, 1937, and that death occurred, on the date stated above, at 6.20 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) — (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Mallo Williams M. D.

3-1, 1937 (Address) 201 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 3/2 1937

ADDRESS: 1303 Orleans St

20 UNDERTAKER: Thomas E. Kelson

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 32989

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32989

CERTIFICATE OF DEATH

V 82W

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1128 N. Gilmor St. 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Harris

If U. S. Veteran specify WAR .....

(a) Residence: No. 1128 N. Gilmor St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Harris

6. DATE OF BIRTH (month, day, year) — 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 20 Yr

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME James Nelson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sara ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Walter Harris

(Address) 1128 N. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Date 3/3 37

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pressman St

20. FILED ..... 19..... Registrar

MAR 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/27 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/2 1937 to 2/27 1937

I last saw h.. alive on 2/26 1937 Death is said to have occurred on the date stated above, at 9:45 A.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Paralysis

Other contributory causes of importance:

Date of onset

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. Burkhart M. D.

(Address) 213 W. Preston St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32990

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32990

CERTIFICATE OF DEATH 19704

Registered No. 15-1 34492-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Carrie Tyson

(a) Residence: No. 1702 Woodyear Pl. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-20-1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	37	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George Tyson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Wells

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cem Date 3/2 1937

19. UNDERTAKER Thomas E. Kelson
(Address) 1323 Pennsylvania Ave

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26-1937

22. I HEREBY CERTIFY, That I attended deceased from 12-23 1936 to 2-26 1937

I last saw her alive on 2-26 1936 Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Insufficiency — Date of onset Dec 1935

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Rayney M. D.

(Address) Baltimore City Hospital

V8 8

F 32991

HEALTH DEPARTMENT—CITY OF BALTIMORE

32991

CERTIFICATE OF DEATH

80

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1418 Clarkson St. 23 Ward)

Length of residence in city or town where death occurred 65 yrs. 8 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR ...

2. FULL NAME Charles Edward Nash

(a) Residence: No. 1418 Clarkson St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 11 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William A Nash

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mollie Kinsley

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) James A Nash 1405 Patapsco St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Mar 2 1937

19. UNDERTAKER (Address) John F Denny 715 Light St

20. FILED MAR 2 - 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28 1937

I HEREBY CERTIFY, That I attended deceased from December 23 1936 to Feb. 28, 1937

I last saw him alive on February 28 1937 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

Tabes Dorsalis — Date of onset not Known
Aortitis
Myocarditis
Acute Pulmonary Edema — Feb 27, 1937

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Physical & Laboratory Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) J. Edward Norris M. D.

Address 407 East West Street

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32992

F 32992

CERTIFICATE OF DEATH

11-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 E. North Ave. St., 9-G Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. 0 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter W. Donovan

If U.S. Veteran specify WAR ...

(a) Residence: No. 1211 E. North Ave., St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maude A. Donovan

6. DATE OF BIRTH (month, day, year) Jan. 30, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	0	28 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employee of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas. & Electric Co

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Michael Donovan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Knwon

17. INFORMANT Mrs. Maude A. Donovan

(Address) 1211 E. North Ave.,

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mar. 2, 37

19. UNDERTAKER John F. Denny

(Address) 715 Light St

20. FILED MAR 2 - 1937 Lington Milligan, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from FEB 10, 1937 to FEB 27, 1937

I last saw him alive on FEB 26 11.45 1937 Death is said to have occurred on the date stated above, at P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
INFLUENZA	FEB 10
Other contributory causes of importance:	
ACUTE CARDIAC DILATATION	FEB 27

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. W. Stoffregen M. D.

(Address) 8 East Read St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32993

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32993

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 S. Bentalou St., W-S Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Julia Frei

If U.S. Veteran specify WAR .....

(a) Residence: No. 503 S. Bentalou St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Frei

6. DATE OF BIRTH (month, day, year) Sept. 30, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Carl Linder

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles W. Nagel
(Address) 525 S. Bentalou St.,

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Mar. 3, 1937

19. UNDERTAKER John T. Denny
(Address) 715 Light St

20. FILED ..... 19 ..... Reg. Dist.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2 1937, to Feb. 28 1937.

I last saw h e alive on Feb 28 12.55 1937 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis with hypertension	6 yrs ago
	3 yrs
Other contributory causes of importance:	
Acute cardiac dilatation	2 days ago

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Benjamin Miller M. D.

(Address) 2030 Wilkens Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 9

MAR 2 - 1937

F 32994

32994

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1203 Light St.) (Ward) 24-3

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Sarah Ann Cook

(a) Residence: No. 1203 Light St., ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Cook

6. DATE OF BIRTH (month, day, year) Apr. 14, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) M Md.

FATHER

13. NAME Thomas Crawford

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Elmer E. Cook

(Address) Brooklyn R.F.D. #9 Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mar. 3, 1937

19. UNDERTAKER John F. Denney

(Address) 715 Light St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 17 1937 to Feb 28 1937

I last saw h[illegible] alive on Feb 28 1937 at 11.10 a. m.

to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorrhage	
	Feb 17 37

Other contributory causes of importance: None

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John B Holloman M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

SEP 2 - 1937

THE MORGUE

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

32995

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32995

CERTIFICATE OF DEATH

Registered No. 6-2 ✓ 75

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bradford & Fayette St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clarence White

(a) Residence: No. 2737 E. Fayette St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 4, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Samuel W. White

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Martha Rogers

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Preston White

(Address) 2737 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Mar 3, 1937

19. UNDERTAKER John Ellicott & Sons

(Address) 2000 Arlington

20. FILED ..... 19 ..... Registrar.

MAR 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/28, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

attained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Alcoholism	

Other contributory causes of importance:

Cardiac failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Paul Schenker Coroner, M. D.

(Address) 1919 E. Monument

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

32996 E 32996

Registered No. 59

1. PLACE OF DEATH Johns Hopkins Hospital
CITY OF BALTIMORE: (No. ..... St. 75 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna McIntire
(a) Residence: No. 211 E St St., McIntire Ward. Sparrows Point Md
(Usual place of abode) (If non-resident give city or town and State)

If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: white
5. If married, widowed, or divorced: Married. If married, widowed or divorced, write the word: Married
If married, widowed or divorced HUSBAND of (or) WIFE of: Chas E McIntire
6. DATE OF BIRTH (month, day, year): Jan 4 - 1883
7. AGE: Years 53 P; Months 1; Days 23; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER
13. NAME: Sidney Morris
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER
15. MAIDEN NAME: Lucy Lindsay
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Records Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL: St Matthews Date Mar 2 1937

19. UNDERTAKER (Address): John Merrick 2200 Orleans St

20. FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1937 to Feb 27 1937
I last saw he alive on Feb 27 1937 Death is said to have occurred on the date stated above, at 4.10 p m.

The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage Date of onset Jan 22 36
from arteriosclerosis
Diabetes mellitus

Other contributory causes of importance:
Arteriosclerotic heart disease

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Palmer Howard Jr M. D.
(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 2 - 1937

Spec.—1-30—M. & T.—250 Bks.

F 32997.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32997.

CERTIFICATE OF DEATH.

✓ 131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 W. Lexington St. 18 WARD)

2-FULL NAME Louise Dwine

(a) RESIDENCE NO. 1117 W. Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 8 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Col.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of W.

6 DATE OF BIRTH (month, day, and year) June 6, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54	55	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wesley Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Simmons

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Viola Ware

(Address) 1117 W. Lex. St

15 Filed , 19 Registrar

MAR 2 - 1937

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 26, 1937

17 I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1936 to Feb. 28 1937, that I last saw h alive on Feb 26, 1937, and that death occurred, on the date stated above, at 4:10 p m.

The CAUSE OF DEATH* was as follows:

Cardio-renal vascular disease

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical data

(Signed) H. Mason Williams M. D.

3-4, 19 37 (Address) 201 N Carey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Ct — DATE OF BURIAL 3/3/1937

20 UNDERTAKER Isaiah L Brown & Son — ADDRESS 108 W Montgomery

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 32998 HEALTH DEPARTMENT—CITY OF BALTIMORE F 32998

CERTIFICATE OF DEATH

46-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2210 E Balto St., 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? 56 mos. da.

2. FULL NAME Lena Hoffman

If U.S. Veteran specify WAR

(a) Residence: No. 2210 E Balto St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Max

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Isaac Press

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ryman Hoffman (Address) 2738 Fredrick Ave

18. BURIAL, CREMATION, OR REMOVAL Place Pikesville Date 3/5/1937

19. UNDERTAKER Jas. Lewis Sons (Address) 1439 E. Balto St

20. FILED MAR 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-1-37. 19

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1936 to March 1, 1937.

I last saw her alive on March 1, 1937. Death is said to have occurred on the date stated above, at 11A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rectum - Carcinoma	1936(?)
Liver - metastasis	1937(3)
Lung - metastasis	"

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Harry Linden M. D.

(Address) 16 S. Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32999

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 32999

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hospital 1570 W. Fitton St. Ward) 5-1

Registered No. 5-107-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julius Keys

If U. S. Veteran specify WAR

(a) Residence No. Brondale Road Towson Station Ward. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 7-14-1874

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62 5-3	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Isam Keys.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Eliza Keys.

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Mrs. Minnie Green

(Address) Towson Station Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvery Date Mch 3 1937

19. UNDERTAKER Edw. Bryan

(Address) 241 Orleans St

20. Filed MAR 2 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-28 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-16 1937 to 2-28 1937

I last saw him alive on 2-28 1937 Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	2-1-37

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis C. Hamman M. D.

(Address) 2340 Madison Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33000 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 33000

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2782 W. North Ave. 5-6 46-E Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 4 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie H. Martin

If U. S. Veteran specify WAR

(a) Residence: No. 2782 W. North Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Albert P. Martin

6. DATE OF BIRTH (month, day, year) Oct 6th 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58.	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John F. Mahon

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Catherine Patterson

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs Ralph A. Martin

(Address) 2782 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Cathedral Date 3/3/ 1937

19. UNDERTAKER John J Cowan & Son

(Address) 901 Hollins St

MAR 2ED 1937 Washington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/27/ 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1937 to Feb 27 1937

I last saw him alive on Feb 27 1937 Death is said to have occurred on the date stated above, at 5.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Gall Bladder	1936
Other contributory causes of importance: Intestinal Obstruction	Feb 15,

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Hansmann M. D.

(Address) 7536 Fayette

Information should be given in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificate. OCCUPATION is very important.

E 33001 HEALTH DEPARTMENT—CITY OF BALTIMORE E 33001

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH University Hospital

Registered No.

CITY OF BALTIMORE: (No. ... St., 14 ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Lowery

(a) Residence: No. 505 McMechen St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Horace Lowery

6. DATE OF BIRTH (month, day, year) Sept 18, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

FATHER

13. NAME Henry Fields

14. BIRTHPLACE (city or town) (State or country) Talbot Co Md

MOTHER

15. MAIDEN NAME Julia Thomas

16. BIRTHPLACE (city or town) (State or country) Talbot Co Md

17. INFORMANT Horace Lowery
(Address) 505 McMechen St

18. BURIAL, CREMATION, OR REMOVAL
Talbot Co. Place Bellevue, Md. Date Mar 3, 1937

19. UNDERTAKER Mrs Katie R. Williams
(Address) 222 S Schroeder St

20. FILED MAR 2 1937 Chas. Wm. Wilkerson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-27-37. 19

22. I HEREBY CERTIFY, That I attended deceased from 2-12-37, 19 ... to 2-27-37, 19 ...

I last saw h... alive on 2-27-37, 19 ... Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardio-Vascular Renal disease	Unknown
Other contributory causes of importance: Uremia	2-17-37

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? N.P.V. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) W. J. Hilpirch M.D.

(Address) University Hospital

6.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

33002

HEALTH DEPARTMENT—CITY OF BALTIMORE

V F 33002

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 W Stricker St., 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Isaac Lugans

(a) Residence: No. 320 W Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 11-1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	18	20

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore md
(State or country)

FATHER

13. NAME Isaac Lugans

14. BIRTHPLACE (city or town) Bouldin S. C
(State or country)

MOTHER

15. MAIDEN NAME Leapie Lewis

16. BIRTHPLACE (city or town) Lemwood N C
(State or country)

17. INFORMANT Isaac Lugans
(Address) 320 n Stricker St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lucas Date Mar 2, 1937

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St

20. FILED Mar 2 1937 Katie R. Williams Registrar

MAR 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquest
(Inquest, Autopsy or Inquiry)
find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchial Pneumonia (primary)	Feb 2 1937
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George L. Allen M. D.
Coroner

(Address) 50 Guilford Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-39—U. F. S.—100 Bks.

F 33003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 33003

120

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1131 Myrtle Ave. WEST 17-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Helen Williams

(a) RESIDENCE NO. 1131 Myrtle Ave. WEST WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Hayes Williams

6 DATE OF BIRTH (month, day, and year) August 16, 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
51	52	6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Dorchester Co Maryland

PARENTS

10 NAME OF FATHER Peter Tilghman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mahaley Wheatley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hayes Williams

(Address) 1131 Myrtle ave

15 Buried Greenmount Cem Baltimore Md

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (month, day, and year) Feb 26, 1937

I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1937, to Feb. 26, 1937,

that I last saw her alive on Feb. 20, 1937

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Gastro-enteritis

(duration) 2 yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Acute Gastric Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) J. Douglas Shepperd M. D.

3, 1. 1937 (Address) 1063 Myrtle ave

*State the Disease Causing Death, as in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion

DATE OF BURIAL Mar 2, 19

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 Lanvale

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

33004

HEALTH DEPARTMENT—CITY OF BALTIMORE

33004

CERTIFICATE OF DEATH

94-B

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Stricklin

If U. S. Veteran specify WAR

(a) Residence: No. no home St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fanny

6. DATE OF BIRTH (month, day, year) 3-5-1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	75	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Samuel

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie Warfield

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cem Date Mar. 2 1937

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED ... 19... Registrar

MAR 2 - 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-15 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-30 1934 to 2-15 1937

I last saw h[illegible] alive on 2-15 1937 Death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2 hrs
Senility	unk

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) [illegible] Rainey M. D.

(Address) Baltimore City Hospitals

F 33005

33005 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Madron

If U. S. Veteran specify WAR

(a) Residence: No. Churchville, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Earl Madron

6. DATE OF BIRTH (month, day, year) June 22, 1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	8	8 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blueffield W. Va

FATHER

13. NAME Henry Bragg

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Dora Hall

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Patient (Marg. Madron)

(Address) Churchville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Smith Chapel Date March 3 1937

19. UNDERTAKER Howard K. Malcomson

(Address) Abingdon, Md.

FILED MAR 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-2-, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-1-, 1937 to 3-2-, 1937

I last saw he alive on 3-2-, 1937. Death is said to have occurred on the date stated above, at 7:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria	
Nasal, Tonsillar, pharyngeal	2-20-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Waglestein M. D.

(Address) Sydenham Hosp.

F 33006

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33006

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Joseph Hospital 210-N

CITY OF BALTIMORE: (No. ..... St. 10-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify War .....

2. FULL NAME Keith Lewis Mason

(a) Residence: No. 321 Valley St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Anne Eliz. Mason
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 5 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spinner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Duck Co.

10. Date deceased last worked at this occupation (month and year) Dec 1936

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) Point Pleasant
(State or country) W. Va.

FATHER

13. NAME Benjamin F. Mason

11. BIRTHPLACE (city or town) Point Pleasant W. Va.
(State or country)

MOTHER

15. MAIDEN NAME Anne Eliz. Smith

16. BIRTHPLACE (city or town) Point Pleasant W. Va.
(State or country)

17. INFORMANT Anne E. Mason

(Address) 321 Valley St

18. BURIAL, CREMATION, OR REMOVAL

Place M. Olivet Cem Date March 4 1937

19. UNDERTAKER Tenney Hoyt Sons Co

(Address) 21 E Eager St

20. FILED MAR 2 1937 Livingston Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ... find that said deceased came
(Inquest, Autopsy or Inquiry)
death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Fractured Skull	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury. March 2 1937

Where did injury occur? Moravia Walther Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Auto in collision with another auto

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 33007

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33007

CERTIFICATE OF DEATH

51-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel Hooper

(a) Residence: No. 520 Bruce St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Bell Zena

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Hooper

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Caroline Wilson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Carrie D. Hooper

(Address) 520 Bruce St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 3-3 1937

19. UNDERTAKER James A. Davis

(Address) 142 W. Fayette St.

20. FILED MAR 2 - 1937 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/27/ 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? — If so, specify .....

(Signed) Paul Blumberg, M. D.

(Address) 1918 E. North Ave. Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 6

F 33008

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33008

CERTIFICATE OF DEATH

48

Registered No. 1-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 S. Robinson St. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yr. 20 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Isabell Baier

(a) Residence: No. 711 S. Robinson St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Baier

6. DATE OF BIRTH (month, day, year) Mar. 25/1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Chesapeak (State or country) Md.

FATHER

13. NAME Charles Wesley Loyd

14. BIRTHPLACE (city or town) Chesapeak (State or country) Md.

MOTHER

15. MAIDEN NAME Alice Smith

16. BIRTHPLACE (city or town) Balto (State or country) Md.

17. INFORMANT Charles E. Baier (Son)
(Address) 711 S. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Mar. 3 1937

19. UNDERTAKER Lilly & Feilerlan
(Address) 403 S. Bolle St.

20. FILED MAR 2 1937 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 25 1937 to Mar 1 1937

I last saw him alive on Feb 25 1937. Death is said to have occurred on the date stated above, at 4 am m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebroma - Uterus	1936
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Edward J. Kaufman M. D.

(Address) 350 Fairmont Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

va 3

F 33009 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33009

CERTIFICATE OF DEATH

47-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 23-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. moe. ds.

2. FULL NAME Thomas Mulrooney

If U. S. Veteran specify WAR

(a) Residence: No. Ft. of Dickman St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	W

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Patricia

6. DATE OF BIRTH (month, day, year) 9/27/1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. J.

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Louisa O'Brien

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Records of Balto. City Hospits
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 3/3/37 19

19. UNDERTAKER John J. Fahey & Son
(Address) 1315 Light St.

20. FILED 19 Registrar.

MAR 2 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-27 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-7 1936 to 2-27 1937

I last saw him alive on 2-27 1937. Death is said to have occurred on the date stated above, at 8 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	7 mos.
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. J. Kenny M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33010

33010

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

162

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4805 Holden Ave. St., Hamilton Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frances Ayres Kelso

If U. S. Veteran specify WAR .....

(a) Residence: No. 4805 Holden Ave. St., Ward Hamilton

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William James Kelso

6. DATE OF BIRTH (month, day, year) Aug. 18, 1847

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
89	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (Month and year) 1924

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Ayres

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Roberts

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Reynolds Cable

(Address) 4805 Holden Ave. Hamilton

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Mar. 3, 37

19. UNDERTAKER John Burns' Sons

(Address) Towson, Md.

20. FILED MAR 2 - 1937

..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28 37

22. I HEREBY CERTIFY, That I attended deceased from Feby 21 1937 to Feby 28 1937

I last saw h.. alive on Feby 28 1937. Death is said to have occurred on the date stated above, at 1:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Debility	
Other contributory causes of importance: General Weakness	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Walter W. White M. D.

(Address) 2807 St Paul St

F 33011

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33011

CERTIFICATE OF DEATH

107a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2013 Linden Ave. St. 13-2 Ward)

Length of residence in city or town where death occurred 89 yrs. 6 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Caroline Hogendorp Klier.

If U.S. Veteran specify WAR ...

(a) Residence: No. 2013 Linden Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Klier.

6. DATE OF BIRTH (month, day, year) Aug. 25, 1847

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	89	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Elias Hogendorp

14. BIRTHPLACE (city or town) (State or country) Holland

MOTHER

15. MAIDEN NAME Caroline Kuster

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Frederick C. Klier.
(Address) 2013 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Mar. 3 1937

19. UNDERTAKER Henry A. Mears & Son
(Address) 805 N. Calvert St.

20. FILED MAR 2 - 1937 Huntington Williams, Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1924, to Feb 27, 1937.

I last saw her alive on Feb 27, 1937. Death is said to have occurred on the date stated above, at 2.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2/25/37
Myocardial insufficiency	2/25/37

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Chas Cler Judd, M. D.

(Address) 222 Lendova Road

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

F 33012

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4806 Laurel Ave St., 27-17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Bartel

If U. S. Veteran specify WAR

(a) Residence: No. 4806 Laurel Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 28 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Carl Bartel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Jabanke

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Nicodemus
(Address) 4806 Laurel Ave.

18. BURIAL, CREMATION, OR REMOVAL
Druid Ridge Date March 3, 1937

19. UNDERTAKER William J. Dukner & Son
(Address) North & Penna. Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar , 1937

22. I HEREBY CERTIFY, That I attended deceased from
JULY 1936 to MARCH 1 1937
I last saw her alive on Feb 1 (affirm) 1937. Death is said to have occurred on the date stated above, at 10:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	?
aortic Insuff.	

Other contributory causes of importance:

Coronary Thrombosis?	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Ralph J. Hills M. D.
(Address) 18 E Eager st.

MAR 2 - 1937

F 33013

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33013

82-A

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 Fernhill Ave St., 28-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Marion Cummings, Sr. If U. S. Veteran specify WAR

(a) Residence: No. 420 Fernhill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Cummings

6. DATE OF BIRTH (month, day, year) Dec 19-1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Sept 1936

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Talbot Co Md

FATHER

13. NAME William H Cummings

14. BIRTHPLACE (city or town) (State or country) Talbot Co Md.

MOTHER

15. MAIDEN NAME Rebecca Kersey

16. BIRTHPLACE (city or town) (State or country) Talbot Co Md.

17. INFORMANT Mrs Mary E. Cummings
(Address) 420 Fernhill Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loraine Park Date Mar 3rd, 1937

19. UNDERTAKER Wm Pickup & Son
(Address) Forest Park

20. FILED MAR 2 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/1/36 to 2/28/37

I last saw him alive on 2/28/37. Death is said to have occurred on the date stated above, at 8 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arteriosclerosis	12/1/36
Hypertension	12/1/36
Other contributory causes of importance: Cerebral hemorrhage.	2/28/37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George A Bowden M. D.

(Address) 1516 E North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

F 33014

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital (St.) (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Thomas Kane

(a) Residence: No. 1109 Montpelier St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Loretta Keating Kane

6. DATE OF BIRTH (month, day, year) March 1, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Assessor Balto. Md

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME Thos D. Kane

14. BIRTHPLACE (city or town) (State or country) Balto., Md

MOTHER

15. MAIDEN NAME Nellie Shedrick

16. BIRTHPLACE (city or town) (State or country) Balto., Md

17. INFORMANT Mrs. Nellie Kane

(Address) 1109 Montpelier

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 3/5 1937

19. UNDERTAKER Margaret G. Flynn

(Address) 2107 Gilmor St

Huntington Williams

FILED MAR 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1937 to March 2, 1937

I last saw him alive on March 2, 1937 Death is said to have occurred on the date stated above, at 9 18 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1 wk

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank R Stephenson M. D.

(Address) St. Joseph's Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33015

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33015

CERTIFICATE OF DEATH

X 59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat Ward)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Reverend John P Leahy

If U.S. Veteran specify WAR None

(a) Residence: No. Philadelphia, Penna Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year) Sept. 30, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Priest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0018

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia, Pa

FATHER

13. NAME John Leahy

14. BIRTHPLACE (city or town) (State or country) Limerick, Ireland

MOTHER

15. MAIDEN NAME Margaret Gallagher

16. BIRTHPLACE (city or town) (State or country) Tyrone, Ireland

17. INFORMANT (Address) Records of Mount Hope Mount Hope Retreat, City.

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Place Philadelphia, Pa. Date 2-6-37 19

19. UNDERTAKER Geo. L. Berger Jr (Address) 1512 Hollins St

20. FILED 2-1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from April, 1928 to March 2, 1937

I last saw him alive on March 1, 1937 Death is said to have occurred on the date stated above, at 2:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	(?)
Diabetes mellitus - mild	10 yrs
Dementia praecox	10 yrs
Other contributory causes of importance:	
Ex laceration	4 days
Myocardial decompensation	2 wks

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) D Phillips P. Magee M. D.

(Address) 326 Pinderyck Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 33016

33016 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4508 Powell Ave., Balto., Md. St., 26th Ward)

Registered No. 536-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Elizabeth Hopkins

(a) Residence: No. 4508 Powell Ave., Balto., Md. St., 26th Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel Gordon Hopkins

6. DATE OF BIRTH (month, day, year): August 30, 1877

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
59	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: In her own home

10. Date deceased last worked at this occupation (month and year): February, '37

11. Total time (years) spent in this occupation: 17yrs.

12. BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

FATHER

13. NAME: John Thomas Wellener

14. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

MOTHER

15. MAIDEN NAME: Virginia Calvert

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Paul Wellener

(Address): 4508 Powell Ave., Balto., Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Lorraine Cemetery Date: Mch 4, 1937

19. UNDERTAKER: Tyler & Trageser

(Address): 1524 E. Baltimore St.

20. FILED: MAR 2 1937 Registrar: Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24th, 1937 to March 2, 1937

I last saw her alive on March 2, 1937. Death is said to have occurred on the date stated above, at 10:15A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
	Feb. 24
Lobar Pneumonia, bilateral	1937
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. L. Williams M. D.
A. L. Williams

(Address) 5713 Belair Rd., Balto., Md.

M. B. B. 1268-9

F 33017

33017 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 N. Fulton Ave St., 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Allie Belle Moling

(a) Residence: No. 919 N. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert S. Moling

6. DATE OF BIRTH (month, day, year) Feb 8 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ohio
(State or country)

FATHER

13. NAME George Conners

14. BIRTHPLACE (city or town) unknown
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Allen

16. BIRTHPLACE (city or town) Tennessee
(State or country)

17. INFORMANT Grace M Chadwick
(Address) 919 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Norfolk Va. Date Mch 3 1937

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED 2 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 March 1937

22. I HEREBY CERTIFY, That I attended deceased from 5 Feb — 1937 to 1 March 1937

I last saw her alive on 28 Feb 1937 Death is said to have occurred on the date stated above, at 11 45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis,	(2)
Arterial hypertension	28 Dec 36
Arteriosclerosis	(2)

Other contributory causes of importance:

Acute Myocardial Insufficiency	5 Feb 37

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thaumond Wheeler M. D.

(Address) 2910 Wellams Ferry Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

33018 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 33018

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 N. Dallas St., ~~Ward~~)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ~~60~~ yrs. ~~6~~ mos. ~~16~~ ds.

2. FULL NAME William H. Kimble

If U. S. Veteran specify WAR .....

(a) Residence: No. 516 N. Dallas St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Margaret Kimble

6. DATE OF BIRTH (month, day, year) Aug 11, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2070

10. Date deceased last worked at this occupation (month and year) Feb 1937

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Moses Kimble

14. BIRTHPLACE (city or town) (State or country) Charlottesville Virginia

MOTHER

15. MAIDEN NAME Lancy Gillett

16. BIRTHPLACE (city or town) (State or country) Charlottesville Virginia

17. INFORMANT Mrs. Estelle K. Hargett

(Address) 1102 N. Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date Mar 3 —, 1937

19. UNDERTAKER Mrs. Chas. H. Bailey

(Address) 1421 Jefferson St

20. FILED ..... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 11th, 1937 to Feb. 27, 1937

I last saw h... alive on Feb 27, 1937. Death is said to have occurred on the date stated above, at 10.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	
lasting about three months	2 yrs.
Other contributory causes of importance:	
Arteriosclerosis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) W. G. Scott M. D.

(Address) 2674 W. Baltimore St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 3 - 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

33019

33019

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 N Central Ave Ward 6-5)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Palmer

If U. S. Veteran specify WAR

(a) Residence: No. 318 Iron Alley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Palmer

6. DATE OF BIRTH (month, day, year) Sept 27-1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 004

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Boston Va

FATHER

13. NAME Jeff Palmer

14. BIRTHPLACE (city or town) (State or country) Halifax Va

MOTHER

15. MAIDEN NAME Mary S Crowder

16. BIRTHPLACE (city or town) (State or country) Halifax Va

17. INFORMANT James A Palmer

(Address) South Boston Va

18. BURIAL, CREMATION, OR REMOVAL

Place South Boston Va Date 3-4 19 37

19. UNDERTAKER Bryant Frank W. Wright

(Address) 218 N Eutaw St

20. FILED MAR 3 - 1937 19

V 5 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Hemorrhage	Feb. 28 1937

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? no

Name of operation no Date of

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L Allen M. D. Coroner

(Address) 5-0 Municipal

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33020

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33020

CERTIFICATE OF DEATH

7-4 ✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 Hurlburt St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mayor Maria

If U. S. Veteran specify WAR .....

(a) Residence: No. 1012 N. Hurlburn St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Color -	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary.

6. DATE OF BIRTH (month, day, year) Nov 26 - 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	3	10 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor - Gen

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shavings Plant

10. Date deceased last worked at this occupation (month and year) Dec. 23 1936

11. Total time (years) spent in this occupation 9 yrs

12. BIRTHPLACE (city or town) (State or country) Florence S.C.

FATHER

13. NAME Alfred Roberts

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Grace Miller

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Mary Maria - wife (Address) 1012 Hurlburt St

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Cem Date Mar-5 1937

19. UNDERTAKER Mrs Ethel A Elliott - daughter (Address) 1129 Caroline St.

20. FILED MAR 3 - 1937 Clifton Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 2 1937

22. I HEREBY CERTIFY, That I attended deceased from December 23, 1936 to March 2, 1937

I last saw him alive on March 2, 1937 Death is said to have occurred on the date stated above, at 9 55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Phthisis	2/15/37
Other contributory causes of importance: Pulmonary Hemorrhage	3/2/37

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis B. Lute M. D.

(Address) 1741 E. Eager St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33021

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33021

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2755 Fenwick St. 9-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick A Baum Sr

If U. S. Veteran specify WAR

(a) Residence: No. 2755 Fenwick St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara M Baum

6. DATE OF BIRTH (month, day, year) Aug 24 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foot way inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City 3/16-1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Fredk A Baum

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Mary Fickens

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Clara M Baum
(Address) 2755 Fenwick

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Mar 5 19 37

19. UNDERTAKER John Ellrich Sons & Ellrich
(Address) Huntington Pittsburgh, Pa.

20. FILED MAR 5 - 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

X

21. DATE OF DEATH (month, day, year) 3 - 2 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-20-1935 to 3-2-1937

I last saw him alive on 3-2-1937 Death is said to have occurred on the date stated above, at 2.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	about 3 yrs.
Other contributory causes of importance:	
Chronic myocarditis	about 1 year

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Fred B. Lybert M. D.

(Address) 2801 Harford

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

33022

HEALTH DEPARTMENT—CITY OF BALTIMORE

33022

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 E. 35th St., 9-3 Ward)

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura L. Letzer

(a) Residence: No. 516 E. 35th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Albert A. Letzer

6. DATE OF BIRTH (month, day, year) June 25 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	8	4 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) Dec 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Wm. Byron

14. BIRTHPLACE (city or town) (State or country) Cambridge Mass

MOTHER

15. MAIDEN NAME Florence Brooks

16. BIRTHPLACE (city or town) (State or country) Balto., Md

17. INFORMANT Howard Sweeten (son)
(Address) 1310 E. 33rd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Mar 4, 1937

19. UNDERTAKER John Ulrich & Sons
(Address) 1200 E. Baltimore St.

20. FILED MAR 3 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-1-1937

22. I HEREBY CERTIFY, That I attended deceased from 7-4-1936 to 3-1-1937

I last saw her alive on Mar 1, 1937. Death is said to have occurred on the date stated above, at 1.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Unknown

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. B. Tyler M. D.

(Address) 2802 Harford

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-3

F 33023

F 33023

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General St. [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Josephine Forrest

If U. S. Veteran specify WAR

(a) Residence: No. 102 W 25th St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John William Forrest

6. DATE OF BIRTH (month, day, year) May 19 1864

7. AGE	Years	Months	Days	If LESS than 1 day..... hrs. or min.
	72	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Brown

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME ? Lynch

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Mr J V Forrest

(Address) 102 W 25th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date March 4, 1937

19. UNDERTAKER Uhlein J Fuhrer & Sons

(Address) North & Pennsylvania Ave

20. FILED MAR 4 1937 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken hip - fell in Drug Store & broke	
dyspepsia ?	
Other contributory causes of importance:	
Pneumonia	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Carr Carver, M. D.

Coroner

(Address) 128 Hendrix St

F 33024

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-F 33024

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2510 Haleyon Ave. Ward) 3

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Bruns

If U S Veteran specify WAR .....

(a) Residence: No. 2510 Haleyon Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine J Bruns

6. DATE OF BIRTH (month, day, year) Sept 9-1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Henry Bruns

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Magdalene Kiefner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine Bruns

(Address) 2510 Haleyon

18. BURIAL, CREMATION, OR REMOVAL Parkwood Date 3/5, 1937

19. UNDERTAKER Leonard Rinehart

(Address) 1305 Hartford Rd

FILED MAR 2 - 1937 Huntington Williams, Registrar. 3/2/37

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937 to Jan 1, 1937

I last saw him alive on Jan 1, 1937 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion x Trauma	

Other contributory causes of importance:

Lymphatic Leukemia

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Blood picture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of injury —

21. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Carl Bruns M. D.

(Address) 4704 Hartford Rd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33025

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 33025

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Prokofy Charchenko

If U. S. Veteran specify WAR .....

(a) Residence: No. 113 N. Ann St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Natalia Charchenko

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Pantiamali Charchenko

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Natalia Charchenko

(Address) 113 N. Ann St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Trinity Russian Cem. Co. Date March 4 1937

19. UNDERTAKER John Grebiancke

(Address) 423 S. Paca St.

20. [illegible] Lexington Mathews, M.D. Registrar.

MAR 3 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schnitzer, M. D. Coroner

(Address) 1918 E. North Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33026

CERTIFICATE OF DEATH

51-c F 33026

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5704 Seymour Ave., Balto., Md. St., 26th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ulysess Grant Seymour

(a) Residence: No. 5704 Seymour Ave., Balto., Md. St., 26th Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hilda Robinson Seymour

6. DATE OF BIRTH (month, day, year) May 16, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horticulturist (retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 60yrs

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME George Frederick Seymour

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Anne Franklin

16. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

17. INFORMANT Nelson T. Seymour

(Address) 5716 Seymour Ave., Balto., Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Mar 4th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

Filed MAR 3 1937 Lexington Williams, MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1936 to March 2, 1937

I last saw him alive on March 2nd 1937 Death is said to have occurred on the date stated above, at 11:23A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Prostate	1936 ?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. L. Matheson M. D.

(Address) 5713 Belair Rd., Balto., Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33027

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 33027

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3517 Spalding ave (Ward) 27-18

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John W Swann

If U. S. Veteran specify WAR .....

(a) Residence: No. 3517 Spalding ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	married.

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Sarah A Swann

6. DATE OF BIRTH (month, day, year) Apr 28 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. John Baker

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore Co Maryland

FATHER

13. NAME William Swann

14. BIRTHPLACE (city or town) (State or country) not Known

MOTHER

15. MAIDEN NAME Nancy Harris

16. BIRTHPLACE (city or town) (State or country) not Known

17. INFORMANT Mrs Carry M Barnes

(Address) 3517 Spalding ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem Date 3/4 37

19. UNDERTAKER William Cook

(Address) 1217 St Paul St.

FILED MAR 3 - 1937 E. Livingston Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 22 1937, to Mar 2 1937

I last saw him alive on Mar 1 1937. Death is said to have occurred on the date stated above, at 6 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	1937

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation No Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..... 19 .....

Where did Injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H G Jones M. D.

(Address) 720 N. Wolfe Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33028

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C F 33028

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2501 Hermosa Ave) (St.) (Ward 3)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Lyman Keach

If U.S. Vet. specify WAR No Record

(a) Residence: No. 2501 Hermosa Ave St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~WIFE~~ of Nellie G. Keach

6. DATE OF BIRTH (month, day, year) July 15th 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Journeyman

10. Date deceased last worked at this occupation (month and year) 3/24/37

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Binghamton N.Y.

FATHER

13. NAME Andrew J. Keach

14. BIRTHPLACE (city or town) (State or country) Halstead N.Y.

MOTHER

15. MAIDEN NAME Lavenia Thorpe

16. BIRTHPLACE (city or town) (State or country) Otga N.Y.

17. INFORMANT Nellie G. Keach

(Address) 2501 Hermosa Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mar 4th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... Lexington Williamson

MAR 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 1st 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 26 1937 to Mar 1st 1937

I last saw him alive on March 1 1937 Death is said to have occurred on the date stated above, at 3:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	1935
Other contributory causes of importance:	

Was an operation performed? no. Date of .....

For what disease or injury? —

What test confirmed diagnosis clinical there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ..... 19...

Where did injury occur? home.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury home

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) K. T. Gordy M. D.

(Address) 5106 Hoyt St Rd

F 33029 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33029

CERTIFICATE OF DEATH

165

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1217 E. Fanvale St., 9-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. ... specify W... World

2. FULL NAME John F. Rankin

(a) Residence: No. 1217 E. Fanvale St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (~~or WIFE of~~) Harriet E. Rankin

6. DATE OF BIRTH (month, day, year) Nov. 2, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hardware business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Proprietor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y. C. N. Y.

FATHER

13. NAME James M. Rankin

14. BIRTHPLACE (city or town) (State or country) N. Y. C. N. Y.

MOTHER

15. MAIDEN NAME Mary Stevens

16. BIRTHPLACE (city or town) (State or country) N. Y. C. N. Y.

17. INFORMANT Harriet E. Rankin (Address) 1217 E. Fanvale St.

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date Mar 3rd 1937

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

FILED MAR 3 1937 ... Registrar

V S 6

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/1/37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury 3/1/37 19...

Where did injury occur? 1217 E. Fanvale St. Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Hanged himself in cellar

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Paul Schenker, M. D. Coroner

(Address) 1914 E. Preston Ave

F 33030

33030 HEALTH DEPARTMENT—CITY OF BALTIMORE

107-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2405 E. Biddle St., 3-2 Ward)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Estelle E. Fermes

(a) Residence: No. 305 S. High St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, year): Feb 2/1930

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
7	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Schoolgirl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Joseph Fermes

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Mildred Truss

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Joseph Fermes
(Address) 305 S. High St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Md. 3/4/37, 19

19. UNDERTAKER: Philip Herwig Sons
(Address) 2016 Orleans St

20. FILED ... 19 ... Registrar

MAR 3 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1937, to Mar. 1, 1937

I last saw her alive on Mar. 1, 1937. Death is said to have occurred on the date stated above, at 1005 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia.	1 wk.

(over)

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify ...

(Signed) Anthony T. Carozza M. D.

(Address) 244 N. Exeter St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F.D. 33031

F 33031

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 Monroe St. 16-L Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin Wells.

(a) Residence: No. 703 Monroe St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Evans

6. DATE OF BIRTH (month, day, year) Dec. 3, 1849

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
87	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sudley, Md. U. S. A. Country

FATHER

13. NAME John Wells

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Susan Paddy

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Benj. C. Wells

(Address) 335 E. 20th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Valleville, Md. Date Mch. 3 1937

19. UNDERTAKER Roland E. Perkins

(Address) 612 E. Monroe St.

20. FILED ..... 19 .....

..... Registrar.

MAR 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1st 1937

I HEREBY CERTIFY, That I attended deceased from Feb 25th 1937 to March 1st 1937

I last saw ~~him~~ alive on March 1st 1937 Death is said to have occurred on the date stated above, at 6.00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Insufficiency	2 wks.
	6 yrs.
	1
Contributory causes of importance:	
Pneumonia	3 days
	1

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo. H. Lyncanbaugh M. D.

(Address) 2215 N. Monroe Ave.

F. B.—WRITE PLAINLY, WITH INKING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F

HEALTH DEPARTMENT—CITY OF BALTIMORE

33032

CERTIFICATE OF DEATH

213 F F 33032

1. PLACE OF DEATH

Registered No. 1473

CITY OF BALTIMORE: (No.) South Baltimore General Hospital St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carl Wilkerson. If U. S. Veteran specify WAR

(a) Residence: No. Dredge "Defender" St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	-----	-----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deckhand,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dredge "Defender"

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bells, Tenn.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not kmow

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Police Report. S. D.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Cedar Hill Date March 3rd 1937

19. UNDERTAKER Bernard E. Harle

(Address) 121 E. West St

20. FILED MAR 3 - 1937 19 [illegible] Registrar.

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the pelvis,	
Laceration of the bladder	
Fracture of left femur,	
Accidently caught between dredge and scow.	2/26/37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 2/26/37 19

Where did injury occur? Patapsco River.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place industry

Manner of injury Fall between dredge & scow.

Nature of injury Fractured Pelvi

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify

(Signed) Otto U. Reinhardt, M. D. Coroner

3/2/37 (Address) 1017 S. Charles St.

33033

HEALTH DEPARTMENT—CITY OF BALTIMORE

33033

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 N. Bradford St., 8-4 Ward)

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Parr

(a) Residence: No. 1213 N. Bradford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Oliver Parr

6. DATE OF BIRTH (month, day, year) Feb. 29 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Carroll S. Chelton
(Address) 1213 N. Bradford St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 3-5-37

19. UNDERTAKER Bernard C. Harle
(Address) 121 E. West St.

20. FILED MAR 8 1937 Lexington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/2/37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify ...

(Signed) Paul Schenker Coroner, M. D.

(Address) 1918 E. North Ave.

V S 6

U. S.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33034 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 33034

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 8-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Williams

If U. S. Veteran specify WAR

(a) Residence: No. 891 Boyd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed or divorced ~~HUSBAND~~ of (or) WIFE of Isiah Williams

6. DATE OF BIRTH (month, day, year) March 7, 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Adolph King

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Maggie Parker

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Isiah Williams
(Address) 891 Boyd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 3/4/ 1937

19. UNDERTAKER Mrs. Frances A. Wemsley
(Address) 578 W. Biddle St

20. FILED 19 Registrar.

MAR 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/1/37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came
(Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	

Other contributory causes of importance:
Pulmonary edema

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

25. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schenker, M. D.
Coroner

(Address) 1918 E. Baltimore

N. B.—WHITE PAPER WITH BLUE LINES—THIS SIDE TO BE USED FOR RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33035

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33035

CERTIFICATE OF DEATH

21329

22-1 107-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimor City Hospts. St. ..... Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robart Ray Buris

If U. S. Veteran specify WAR .....

(a) Residence: No. 807 S. Sharp St., St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-6-1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frank

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Lila Thomas

16. BIRTHPLACE (city or town) (State or country) Nashville

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 3/8 1937

19. UNDERTAKER Walter R. Lupp
(Address) 134 W Hamburg St.

FILED 19 .....

MAR 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/1/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 2/22/37 19 .... to 3/1/37 19 ....

I last saw him alive on 3/1/37 at 11:00 P.M. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia (Primary)	2-15-37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Alexander M. D.

(Address) Balto City Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33036

F 33036 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. ... St. 2 Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Brill.

If U.S. Veteran specify WAR ...

(a) Residence: No. 1722 Lancaster St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or ~~divorced~~ ~~HUSBAND~~ (or) WIFE of Peter A. Brill

6. DATE OF BIRTH (month, day, year) Sept. 3-1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fish Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year) 9/10/37

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME John Schaller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosina Eby

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Brill
(Address) 1722 Lancaster St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date 3/4 1937

19. UNDERTAKER J. Gibbs Bolton
(Address) 1 E. Lexington St.

FILED MAR 3 - 1937 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28. 1937. to March 1 1937

I last saw her alive on March 1 1937. Death is said to have occurred on the date stated above, at 8:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerotic cardio-vascular renal disease with hypertension	
Other contributory causes of importance: Pulmonary edema.	

Was an operation performed? No. Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) John A. Myers M. D.
(Address) Church Home & Inf.

Information should be carefully supplied. And should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33037

F 33037 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-D

36-11

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1021 S. Bouldin St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 94 yrs. 4 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John W. Hartman

If U.S. Veteran specify WAR .... No

(a) Residence: No. 1021 S. Bouldin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary A. Hartman

6. DATE OF BIRTH (month, day, year) Oct. 11, 1867.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	4	18 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Craneman (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Miller Fertilizer Co.

10. Date deceased last worked at this occupation (month and year) 1927.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Hartman

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Herbrick

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT (Address) Mary A. Hartman, 1021 S. Bouldin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date March 4, 1937

19. UNDERTAKER (Address) George W. Zirkler, 1737 E. Eager St.

20. FILED 19 ... Registrar.

MAR 3 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1936, to March 1, 1937

I last saw him alive on Feb 28, 1937. Death is said to have occurred on the date stated above, at 7.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac hypertrophy & arterio sclerosis	
Other contributory causes of importance: Coronary embolism	

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. H. Wright, M. D.

(Address) 1015 S. Belnord Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 33038

F 33038 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 15-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Meredith Jones

If U. S. Veteran specify WAR .....

(a) Residence: No. 3804 Cuthbert Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Jones

6. DATE OF BIRTH (month, day, year) Oct 10 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk R. R. Mail

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Govt

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME Jesse A. Jones

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Gareth Jones

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

17. INFORMANT Mrs. E. Jones

(Address) 3804 Cuthbert Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date March 4, 1937

19. UNDERTAKER George W. Zickler

(Address) 1737 E. Eager St.

20. FILED MAR 4 1937, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) March 1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Influenzal Bronchopneumonia	2-20-37

Other contributory causes of importance: .....

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) [illegible] Coroner, M. D.

(Address) Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

33039

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33039

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 1-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Holzman

If U.S. Veteran specify WAR No

(a) Residence: No. 2916 O'Donnell St., Ward.
(Usual place of abode)
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Holzman

6. DATE OF BIRTH (month, day, year) Mch. 25 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64	64	11	5-7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John C. Holzman

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Barbara Weigel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles Holzman

(Address) 2937 Dillon St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Mch. 4 1937

19. UNDERTAKER George W. Zinkler

(Address) 1737 E. Eager St.

20. FILED MAR 3 - 1937 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1937, to March 2, 1937

I last saw h. alive on March 2, 1937 Death is said to have occurred on the date stated above, at 7 00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Disease & Decompensation	2 mo
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frank R. Stephenson, M. D.

(Address) St. Joseph's Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33040

33040

CERTIFICATE OF DEATH

13 L

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St., 20 Ward) 2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Cora B Trew

(a) Residence: No. 538 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Trew

6. DATE OF BIRTH (month, day, year) Jan 22 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	1	7 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME John L. Maston

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Hazzard

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Albert Trew
(Address) 538 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 4 1937

19. UNDERTAKER Mrs. John W. Tinsel & Son
(Address) 801 W. Fayette St

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-2-37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 12-31-36 . 19 . to 3-2-37 . 19

I last saw her alive on 3-2-37 . 19 . Death is said to have occurred on the date stated above, at 8.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephrolithiasis	
Pyonephrosis	

Other contributory causes of importance:

Intestinal obstruction	
Nephrectomy	

Was an operation performed? Yes Date of 2-4-37

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. Kennedy Walls M. D.
(Address) University Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33041

1[illegible]5-3 44 33041

CERTIFICATE OF DEATH

X 108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 903 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Monroe Peyton

If U. S. Veteran specify WAR .....

(a) Residence: No. Coles Farm R.F.D. 2 St., ... Ward. Rossville Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9-13-49

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	87	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Jim ?

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 3 - 1937 19.

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED MAR 3 - 1937 19 E. L. Williams Registrar.

3040

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb - 28 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 17 . 1937 to Feb 28 . 1937

I last saw him alive on Feb 28 . 1937 Death is said to have occurred on the date stated above, at 2[illegible]55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Type III	2-14-37
Other contributory causes of importance:	
Broncho-pneumonia	2-20-37
Purulent Bronchitis	2-17-37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frederick C. Weber M. D.

(Address) Johns Hopkins Hospital

F 33042

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33042

CERTIFICATE OF DEATH

95-B

#21461

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 13 Ward 8

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Virginia Trail

If U. S. Veteran specify WAR

(a) Residence: No. 1505 Union Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	W

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas

6. DATE OF BIRTH (month, day, year) May 1, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	8 10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME Joseph LeRoy

14. BIRTHPLACE (city or town) ? (State or country)

MOTHER

15. MAIDEN NAME Ann ?

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT Records of Balto City Hospits. (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's Hampden Date Mar 4 37

19. UNDERTAKER H. S. Marshall (Address) 2539 Falls Road

20. FILED ..... 19..... Registrar

MAR 6 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-2 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-27 1937 to 3-2 1937

I last saw h. alive on 3-2 1937 Death is said to have occurred on the date stated above, at 11-5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	Unk
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John L. Kanney M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12217

F 33043

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33043

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Schmidlen

(a) Residence: No. Westminster Hotel St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-13-1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL MAR 3 - 1937 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED ..... 19 ..... Registrar.

MAR 3 - 1937 [illegible] 3041

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-2 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-5 1932 to 3-21 1937

I last saw him alive on 3-2 1937 Death is said to have occurred on the date stated above, at 1.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic insufficiency	?
Cerebral thrombosis	8-10-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Kenney M. D.

(Address) Baltimore City Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33044 ✓ F 33044

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 21406

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 7-1108 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Sutton

If U. S. Veteran specify WAR

(a) Residence: No. 711 Tischer St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64	63?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Wm. Sutton

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Henrietta Benders

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 3 - 1937, 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Scott

20. FILED MAR 3 - 1937 Registrar

#3042

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-25, 1937, to 2-27, 1937

I last saw him alive on 2-27, 1937 Death is said to have occurred on the date stated above, at 6 15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Par & Pneumonia	3 das
b	
c	
d	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas L. Carney M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 3 - 1937

M. D. B. 1268-9

F 33045

F 33045 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

8-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2217E. North Avenue St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 3 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret J. Mallon

(a) Residence: No. 2217 E. North Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Mallon

6. DATE OF BIRTH (month, day, year) Nov. 11, 1871

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
65	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George McGowan

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Louis Mallon
(Address) 2217 E. North Avenue.

18. BURIAL, CREMATION, OR REMOVAL
Place Morland Mem. Pk. Date Mar. 5, 1937

19. UNDERTAKER Albert L. Neff
Address 1 Charles St.

20. FILED MAR 3 - 1937 Lexington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1937 to March 1, 1937

I last saw h[illegible] alive on Feb 28, 1937 Death is said to have occurred on the date stated above, at 5 3/4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 24 1937

Other contributory causes of importance:

Hypertension and Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) John D. Reid, M. D.

(Address) 1316 Monument St.

MARK PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33046

F 33046 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins St., 7-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Infant Green

If U. S. Veteran specify WAR .....

(a) Residence: No. 39 Cardwell Ave St., Fullerton Ward. Balto Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 28, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, 6 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

FATHER

13. NAME Garland J. Green

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Ely Lebaker

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT G. J. Green
(Address) 39 Cardwell Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Cem. Date March 3 1937

19. UNDERTAKER Frank Lauchman
(Address) 740 Belair Rd

20. FILED MAR 2 1937 Dr. E. F. Tovey Registrar Williams MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/1/37 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place [redacted]

Manner of injury

Nature of injury [redacted]

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenken . M. D.

(Address) 1919 E. North Ave Coroner

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33047

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 N. Patterson Pk. Ave. Ward 7-3)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Barbara Lennon

If U. S. Veteran specify WAR .....

(a) Residence: No. 511 N. Patterson Park Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John P. Lennon

6. DATE OF BIRTH (month, day, year) Jan. 9, 1864

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	72	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Miss Mary Lennon

(Address) 511 N. Patterson Pk. Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 3/6 1937

19. UNDERTAKER C. Vernon Lennon

(Address) 4611 Park Heights Ave

FILED MAR 3 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1937 to Mar 2 1937

I last saw h.. alive on Mar 2 1937. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hypostatic Pneumonia	Feb 24
Other contributory causes of importance:	
Senile Pneumonia	
Senile Myocarditis	Jan 15

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Alvis B Lennon M. D.

(Address) 718 N Patterson Park Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33048

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33048

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. 12-6

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eileen Marie Fahy

If U. S. Veteran — specify WAR .....

(a) Residence: No. U.S. Marine Hospital St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 9, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Health Serv.

10. Date deceased last worked at this occupation (month and year) 2-12-37

11. Total time (years) spent in this occupation 3 yrs.

12. BIRTHPLACE (city or town) St. Paul
(State or country) Minn.

FATHER

13. NAME John C. Fahy

14. BIRTHPLACE (city or town) Pine Island
(State or country) Minn.

MOTHER

15. MAIDEN NAME Mary Duffy

16. BIRTHPLACE (city or town) St. Paul
(State or country) Minn.

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Minn., Date March 5 1937

19. UNDERTAKER Henry A. Wahle
(Address) 4101 Edmondson Ave

20. FILED MAR 2 1937 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2 1937

22. I HEREBY CERTIFY, That I attended deceased from February 13 1937 to March 2. 1937

I last saw her alive on March 2 1937. Death is said to have occurred on the date stated above, at 6:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, rt. Type I	2-13
Pleurisy, suppurative, acute, rt.	2-17
Other contributory causes of importance:	
Measles	3-2-37

Was an operation performed? yes Date of 3-1-37

For what disease or injury? Pleurisy

Name of operation Drainage of pleural cavity

What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) T. M. V. Adams, M. D.

(Address) U.S. Marine Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33049

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 33049 ✓ 3250 ✓ 95B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-5 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 20 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Roy Honor

If U. S. Veteran specify WAR .....

(a) Residence: No. ..... Clarksburg W Va St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/12/75

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Business Mgr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) W Va

FATHER

13. NAME Charles Honor

14. BIRTHPLACE (city or town) (State or country) W Va

MOTHER

15. MAIDEN NAME Mary V Rhodes

16. BIRTHPLACE (city or town) (State or country) W Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Clarksburg W Va Date Mch. 3 37

19. UNDERTAKER Joseph Whitehead & Sons
(Address) 1900 Eutaw Place

FILED ..... 19 .....
Registrar.

MAR 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1937, to March 3, 1937

I last saw him alive on March 3, 1937. Death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lupus Erythematosis	Oct. 1926
Arteriosclerotic Heart Disease	March 1936
Bronchial Pneumonia	2/23/37
Other contributory causes of importance: Thrombosed Hemorrhoid	?

Was an operation performed? Yes Date of 2/23/37

For what disease or injury? Thrombosed Hemorrhoid

Name of operation Hemorrhoidectomy

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Rankin C. Blount M. D.

(Address) Johns Hopkins Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

17

F 33050

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33050

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital (If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs William B. Smith

If U. S. Veteran specify WAR

(a) Residence: No. 3620 Greenmount ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Smith

6. DATE OF BIRTH (month, day, year) Dec. 10. 1877.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	2	23 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer, 00.12

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Phillip Smith

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Helen Smith (wife)
(Address) 3620 Greenmount Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Mch. 4th 1937

19. UNDERTAKER Lilly & Geiler Inc.
(Address) 404 N. Gilmor St.

20. FILED MAR 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/2/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1/14/37 . 19 . to 3/2/37 . 19 .

I last saw him alive on 3/2/37 . 19 . Death is said to have occurred on the date stated above, at 11 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	1/13/37

Other contributory causes of importance:

Arterio sclerosis (generalized)
Diabetes.

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Josiah A. Hunt. M. D.

(Address) Md. Gen. Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 33051

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 33051

34E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2426 Edmondson Ave St. or Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cull A. Parks

If U. S. Veteran specify WAR .....

(a) Residence: No. 2426 Edmondson Ave St. or Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Loretta Parks

6. DATE OF BIRTH (month, day, year) Oct. 25, 1893

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
43	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. wire mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Tom Parks

14. BIRTHPLACE (city or town) (State or country) Englewood

MOTHER

15. MAIDEN NAME Crockett

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Loretta Parks

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mar 4, 1937

19. UNDERTAKER Vernon Keehner

(Address) 2301 Edmondson Ave

Washington Williams Registrar

20. 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon (Inquest, Autopsy or Inquiry) and found the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) that the said deceased died on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nerve degeneration	

Other contributory causes of importance: Diphtheritic infection

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Harry Grimes M. D.

Coroner

(Address) Baltimore Md

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 3 - 1937

✓ F 33052

33052

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 Battery ave St., 24-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles A. Black

(a) Residence: No. 1502 Battery ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Frey Black

6. DATE OF BIRTH (month, day, year) April 15, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Ice Co

10. Date deceased last worked at this occupation (month and year) 12 mo. | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME Samuel T. Black

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Adeline Rhoades

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs. Chas. Black

(Address) 1502 Battery ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date March 5 1937

19. UNDERTAKER Margaret H. Flynn

(Address) 1422 Light St.

FILED 3 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25. 1937 to March 2. 1937

I last saw him alive on March 1st. 1937. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia (primary)	Feb. 25. 1937
Other contributory causes of importance:	
acute myocarditis	2/26/

Was an operation performed? no Date of - - -

For what disease or injury? - - -

Name of operation - - - Date of

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Harry Deibel M. D.

(Address) 1224-1226 Hanover St.

Information sought on carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33053

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33053

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1737 Light St. St. 24-L Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Jas. W. Keys

(a) Residence: No. 1737 Light St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan. 23, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John H. Keys

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Margaret Howser

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Mrs. Jno. Keys
(Address) 1737 Light St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date March 5 1937

19. UNDERTAKER Margaret L. Ellyson
(Address) 1422 Light St.

20. FILED MAR. 3 - 1937 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

O

21. DATE OF DEATH (month, day, year) March 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1936 to March 1 1937

I last saw h[illegible] alive on March 1 1937 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	4 mos
Other contributory causes of importance: Emphysema + Pleurisy	Jan 3-1936

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation None

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. P. Whelete M. D.

(Address) 1279 Fulham Pl

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33054

HEALTH DEPARTMENT—CITY OF BALTIMORE

33054

CERTIFICATE OF DEATH

6-3-46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2219 E. Fayette St., 6 Ward)

Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillie May Witting

If U. S. Veteran specify WAR .....

(a) Residence: No. 2219 E. Fayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of George L. Witting

6. DATE OF BIRTH (month, day, year) April 22-1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. G. Grover

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Sarah E. Clinton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT George S. Witting

(Address) 2219 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Mar. 4 19 37

19. UNDERTAKER C. Milby & Son

(Address) 2334 Jefferson St.

20. FILED MAR 3 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1 1937

22. I HEREBY CERTIFY, That I attended deceased from July 11 1936 to March 1 1937

I last saw h.. alive on March 1 1937 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	not known
Other contributory causes of importance: Carcinoma of Liver	not known

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Frank J. Ayd M. D.

(Address) 2005 E. Monument St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 33055

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33055

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2311-Garrisson Ave. St., 15-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Crendorff

If U. S. Veteran specify WAR no

(a) Residence: No. 3316-Wondawmin Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Holmes

6. DATE OF BIRTH (month, day, year) 6/16/1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Orderly at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mt. Hope Retreat

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10 Yrs

12. BIRTHPLACE (city or town) (State or country) Westminster, Md.

FATHER

13. NAME Joseph Crendorff

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Buckley

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Lillian Crendorff

(Address) 3316-Wondawmin Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 3/4/37 , 19

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1733-Harford Ave.

19a. FILED MAR 3-1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an ... thereon and from the ... (Inquest, Autopsy or Inquiry) obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

Coroner

(Address) 1215 Wilkens Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33056

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33056

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1524 Abbotts Ton St., 27-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie R. Willhide

If U.S. Veteran specify WAR No Record

(a) Residence: No. 800 W. Lake Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word): Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of: Charles A. Willhide

6. DATE OF BIRTH (month, day, year): April 13th 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Domestic 0037

10. Date deceased last worked at this occupation (month and year): Feb 1937

11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Edward J. McGeehan

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Annie M. Cook

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Earl R. Willhide

(Address) 505 N. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 5th 1937

19. UNDERTAKER: Wm Ash

(Address) 1217 St Paul St

MAR 4 - 1937

(Signed) Huntington Williams M. D.

(Address) 1211 Cathedral St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 2nd 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 9 1936 to March 2 1937

I last saw her alive on March 2 1937. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Edema — Date of onset Mch 1

Other contributory causes of importance:

Arterio-Sclerosis
Myocarditis

Was an operation performed? no Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) J. Loray Wright M. D.

(Address) 117 W. Saratoga St

Information should be carefully supplied. Any blanks not filled will delay burial permit. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33057 973

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33057

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 5-N ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edgar Slee

(a) Residence: No. 1031 Fillen St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 10/22/82

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Slee

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie Worall

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date March 5 1937

19. UNDERTAKER Henry Hoen (Sons, Inc.)
(Address) 301 E. Eager St.

20. FILED MAR 4 1937 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1937 to Mar 2, 1937

I last saw him alive on Mar 2, 1937. Death is said to have occurred on the date stated above, at 5.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the liver	1936
3 hemorrhages Hepatic	1937
blood stream infection	
Other contributory causes of importance:	
Carcinoma of Stomach	1930

Was an operation performed? yes Date of 1930

For what disease or injury? Carcinoma of stomach.

Name of operation Gastro-enterostomy, intra abdominal drainage

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or In public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Palmer Howard Fletcher M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33058

33058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 3-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Corrine Scannell (14412)

If U. S. Veteran specify WAR .....

(a) Residence: No. 134 S. Euen St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lawrence Fragle (C/Law)

6. DATE OF BIRTH (month, day, year) January 22, 1903

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
34	1	7 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hs.w.f.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10-7

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Shook

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Ninevah Baker

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet, Randallstown Date March 4, 1937

19. UNDERTAKER Chenoweth Sr.
(Address) 3615-17 Eastern Ave

20. FILED ..... 19 .....
Registrar.

MAR 4 - 1937 Lexington Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1936 to March 2, 1937

I last saw her alive on March 2, 1937 Death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs.	Unknown
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leo H. Feldman M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. Avoid use of general terms. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 18 F 33059

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenhaven Hospital 1-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Lake Riebel

If U. S. Veteran specify WAR

(a) Residence: No. 2335 Eastern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 5, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Robert A. Riebel

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Anna Hines

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Robert A Riebel
(Address) 2335 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Mar 4 1937

19. UNDERTAKER Lilly & Sons Inc.
(Address) 403 S Molford

20. FILED MAR 4 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1937 to Mar. 3, 1937

I last saw him alive on Mar. 3 1937 Death is said to have occurred on the date stated above, at 7:55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus Meningitis	2/26/37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Sidney Gelman M. D.

(Address) Lyndenhaven Hospital

INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33060

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33060

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hospital St. (or Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21yr mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Albert Hersourtz

(a) Residence: No. 1625 Warwick Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Louis Hersourtz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rebecca ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 3/4/37

19. UNDERTAKER Jas. Young

(Address) 1439 E. Balto St

20. FILED MAR 4 1937 Hamilton Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/3/37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the (Inquest, Autopsy or Inquiry) obtained by said find that 27 Days to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Greaver Coroner M. D.

(Address) 125 Hanover St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 3306 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33061

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH Riviera Apts. Registered No. .....

CITY OF BALTIMORE: (No. Lake Avenue Lindenwood Drive 3rd) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frances G. Endel If U. S. Veteran specify WAR .....

(a) Residence: No. Riviera Apts. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hyman Endel

6. DATE OF BIRTH (month, day, year) About 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	About 80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jacob Gruber

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Betty Lauchheimer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. M. Gruber (Address) Riviera Apts.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Chev Shalom Cem. Date Mch. 4 1937

19. UNDERTAKER Harold Goodkin's Son (Address) Eutaw Pam

MAR 4 1937

20. FILED 19 ..... [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 1936 to March 2 1937

I last saw her alive on March 2 1937 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	5 yrs
Chronic nephritis	
Other contributory causes of importance:	
Cerebral Hemorrhage	3 mos

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Frederick Lentz M. D.

(Address) Temple Gardens Apts

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 33062

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33062

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 274 Monastery St. Ward) 26-7

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. 6 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stanley Francis Mosley

If U. S. Veteran specify WAR

(a) Residence: No. 274 Monastery Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 19, 1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Buffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen Motors Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Baltimore City Md

FATHER

13. NAME George R Mosley

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emily Anne Streaker

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Emily A. Mosley

(Address) 274 Monastery Ave Balto

18. BURIAL, CREMATION, OR REMOVAL

Place Mount View Cem. Date March 5 1937

19. UNDERTAKER Easton Sons

(Address) Ellicott City Md

20. FILED Finlayson Baltimore Md

3-4-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March - 1 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 24 1937 to March 1 1937

I last saw h.i m alive on March 1 1937 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

Influenza — Date of onset 2/23/37

Other contributory causes of importance:

Probable Staphylococcic Pneumonia — 2-28-37

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical findings there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) J N Weaver M. D.

(Address) 848 W 36th St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 33063

F 33063 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2404 Arunah Ave 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Cordelia Ingles

If U. S. Veteran specify WAR .....

(a) Residence: No. 2404 Arunah Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm J Ingles

6. DATE OF BIRTH (month, day, year) Nov 2, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	82	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Fort Curtis Md.

FATHER

13. NAME Patrick Casey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Harris

16. BIRTHPLACE (city or town) (State or country) Ft Howard Md

17. INFORMANT Mrs Phillipsis

(Address) 2404 Arunah Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Pine Grove Cemetery Date March 4 1937

19. UNDERTAKER Thos J. Ennis

(Address) 1600 Fulton Ave

20. FILED MAR 4 - 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an ..... thereon and from the (Inquest, Autopsy or Inquiry) information obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to ..... death on the day stated above. 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D. Coroner

(Address) .....

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33064 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33064

34-C-94-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 930 N. Calvert St. St. 11-1 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel W. Wright

If U. S. Veteran specify WAR .....

(a) Residence: No. 930 N. Calvert St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mabelle Cox

6. DATE OF BIRTH (month, day, year) Oct. 27 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Premier Vacum Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) South Carolina
(State or country)

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT Mabelle Cox Wright
(Address) 930 N. Calvert St.

18. BURIAL, CREMATION OR REMOVAL Date 3/6/37

19. UNDERTAKER John E. Mitchell Sons
(Address) 1900 Eutaw Place

MAR 4 - 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2. 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1937 to Feb. 27, 1937

I last saw h~~im~~ alive on Feb. 27, 1937. Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Mar. 2 1937
Arteriosclerosis of Coronary arteries.	Symptoms about Feb. 1 1937.
Other contributory causes of importance:	
Syphilitic Aortitis	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Electrocardiogram

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Murray Fisher, M. D.

(Address) 18 E. Eager St.

Information should be carefully supplied. Any blank space will delay registration. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

33065

CERTIFICATE OF DEATH

F 33065

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Harold Mae A. Jackson

If U. S. Veteran specify WAR

(a) Residence: No. 5507 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Howard C. Jackson

6. DATE OF BIRTH (month, day, year) Nov 26 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employed by ~~Co~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. New Amsterdam

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Theodore G. Austin

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary E. Murdoch

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Theodore N. Austin
(Address) 611 Hopkins Apts

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Mch 5. 1937

19. UNDERTAKER John C. Mitchell & Son
(Address) 1900 Eutaw Place

20. FILED MAR 4 - 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-2-1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1937 to Mar. 2, 1937

I last saw h[illegible] alive on Mar. 2, 1937 Death is said to have occurred on the date stated above, at 9:37 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Cholecystitis & Cholelithiasis	
Chr. Duodenal ulcer	?

Other contributory causes of importance:

[redacted] Pneumonia, Embolism ?? 3/1/37

Was an operation performed? Yes Date of Jan 30, 1937

For what disease or injury? Cholecystitis

Nature of operation Cholecystectomy, removal of stones

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold N. Hoy M. D.

(Address) Union Memorial Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33066 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 33066

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 N.Fulton Ave. St., 15-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Georgia Estella Dietrich,

If U. S. Veteran specify WAR

(a) Residence: No. 1619 N.Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edgar P.Dietrich,

6. DATE OF BIRTH (month, day, year) March 26.1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Accomac Co. Va.

FATHER

13. NAME James Watkins,

14. BIRTHPLACE (city or town) (State or country) Accomac Co. Va.

MOTHER

15. MAIDEN NAME Catherine Mears,

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Edgar P Dietrich (Address) 1619 N.Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date MAR 6 1937

19. UNDERTAKER Harry W Ellen (Address) 1944 W.North Ave.

20. FILED MAR 4 - 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 3 1937

22. I HEREBY CERTIFY That I attended deceased from Mar 1 1936 to Mar 3 37

I last saw her alive on Mar 3 37 Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of [illegible] were as follows:

Acute Cardiac Dil — Date of onset 3/2/37

Other contributory causes (if any):

Cancer of Pancreas — 11/1/35

Hepat. Obstruction

Was an operation performed? yes Date of Jan 1936

For what disease or injury? Cancer of pancreas

Name of operation Gastro-jejunostomy.

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, state

(Signed) H. F. Hankins M.D.

(Address) 1 E. Randall St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S.

MD. B 36067 F 33067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 179

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 S. Washington St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME James I. Judd

(a) Residence: No. 618 S. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Vera (Kowalewski)

6. DATE OF BIRTH (month, day, year) June 2, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) on ship

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Providence Rhode Island

FATHER

13. NAME Peter

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Olivia M. Tully

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Vera Judd

(Address) 618 S. Washington St.

18. BURIAL, CREMATION, OR REMOVAL

Place ST. STANISLAUS Date March 6th 1937

19. UNDERTAKER George A. Weber

(Address) 205 S. Ann St.

20. FILED ... 19 ... Registrar

MAR 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac failure	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury? March 2 1937

Where did injury occur? Brest Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Ship

Manner of injury overboard "Collision"

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.
Attending Physician or Coroner

(Address) 1010 S. Ellwood Ave

INFORMATION should be carefully supplied. Age should be stated in YEARS. If less than one year, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

Jean Joyner

HEALTH DEPARTMENT--CITY OF BALTIMORE

F 33068

CERTIFICATE OF DEATH

119

F 33068

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 Burnett St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jean Joyner

(a) Residence: No. 126 Burnett St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 16 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Enal Joyner

14. BIRTHPLACE (city or town) (State or country) Wilson N. C.

MOTHER

15. MAIDEN NAME Viola Burgess

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Viola Joyner

(Address) 126 Burnett St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date March 5 1937

19. UNDERTAKER Chas L. Stevens

(Address) 1001 E. Fort Ave

19a. FILED APR 4 - 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 28 1937 to March 4 1937

I last saw h alive on March 4 1937 Death is said to have occurred on the date stated above, at 12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	2 days
Other contributory causes of importance Gastro Enteritis	6 days

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, (When?)

(Signed) E B Melda M. D.

(Address) 1279 Mulberry St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

33069

HEALTH DEPARTMENT—CITY OF BALTIMORE

33069

CERTIFICATE OF DEATH

94B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 N. Collington Ave. 8-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 8 mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry R. Bensel

If U.S Veteran specify WAR None

(a) Residence: No. 1712 N. Collington Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida V. Bensel

6. DATE OF BIRTH (month, day, year) June 27, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pen R.R. 1015

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 34yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Bensel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhemina Richart

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Ida V. Bensel

(Address) 1712 N. Collington Ave

18. BURIAL, CREMATION, OR REMOVAL

Parkwood Cemetery Date Mar 8, 1937

19. UNDERTAKER Elmer W. Conklin

(Address) 624 E. Eager St.

20. FILED MAR 4 - 1937 Washington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 3rd. 1937

22. I HEREBY CERTIFY, That I attended deceased from Feby 22 1937, to Mar 2 1937

I last saw him alive on 3/2 1937. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Coronary Dilatation

Acute Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Acute influenza

Was an operation performed? No Date of .....

For what disease or injury? —

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19..

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. L. Hornstein M. D.

(Address) 733 Arlington St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33070

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 33070

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 N. Pulaski St. 16-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Martin Magerkurth

If U. S. Veteran specify WAR

(a) Residence: No. 600 N. Pulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Anna Kuhn

6. DATE OF BIRTH (month, day, year) Sept 29 - 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Heinrich Magerkurth

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Meinke

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Anna M. Magerkurth (Address) 600 N Pulaski St

18. BURIAL, CREMATION, OR REMOVAL Place Western Date 3/5/37

19. UNDERTAKER Geo Weber & Son (Address) 2503 Edmondson Ave

FILED MAR 4 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/3/37

22. I HEREBY CERTIFY, That I attended deceased from 12/4/36 to 3/2/37

I last saw h[illegible] alive on 3/2/37. Death is said to have occurred on the date stated above, at 1.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Bronchial Pneumonia	3/1/37
Cerebral Hemorrhage	1/18/37
Other contributory causes of importance: Arterio Sclerosis Hypertension	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Phy. Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. O. Harper, M. D.

(Address) 5201 Harford Ave

or Harper
5205 Harford Ave

V-82-a F 33070

GKG

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 33071 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 33071

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ? mos. ? ds. How long in U. S. If of foreign birth? 30 yrs. ? mos. ? ds.

2. FULL NAME Chin Tai John

If U. S. Veteran, specify WAR None

(a) Residence: No. 322 Park Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Yellow	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): about 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 55	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundryman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): about 1930

11. Total time (years) spent in this occupation: 25 years

12. BIRTHPLACE (city or town) (State or country): ? ? China

FATHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): ? ? China

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): ? ? China

17. INFORMANT: Mr. Charlie Chin (friend)
(Address): 310 Park Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place: Lorraine Cemetery Date: March/4/37

19. UNDERTAKER: Stewart & Mowen Company
(Address): 108 W. North Avenue

FILED: MAR 4 1937 Lexington Millbrook M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 2, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cereoral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. H. Mullen Coroner, M. D.

(Address) 2737 W North Ave

Information should be carefully supplied. All blanks must be filled. If unknown, state so. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33072

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a F 33072

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1908 E Federal St., E-b Ward)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Grob

If U.S Veteran specify WAR

(a) Residence: No. 1908 E Federal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaretha Grob

6. DATE OF BIRTH (month, day, year) July 7. 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baggagemaster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&ORR

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation Lifetime

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Karl Grob

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorothy Heiser.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Margaretha Grob

(Address) 1908 E Federal St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date Mar 4. 1937

19. UNDERTAKER John Ulrich

(Address) 2008 Aliceanna St

FILED MAR 4 - 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/1/1937. 19

22. I HEREBY CERTIFY, That I attended deceased from February 28 1937. to March 1 1937.

I last saw h alive on February 28 1937. Death is said to have occurred on the date stated above, at 10 A M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency	2 yrs ago
Senile Arteriosclerosis	5 yrs
Other contributory causes of importance:	
Cardiac Decompensation	3 days

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Greenberg M. D.

(Address) 225 E North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 33073 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33073

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 S. Bentz St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mellorette Mills

(a) Residence: No. 923 S. Bentz St., Ward. Colombia S.C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23 24			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Columbia S.C.

FATHER

13. NAME Toney Mills

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Hester Aikens

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Billy Remley
(Address) 923 S. Bentz St

18. BURIAL, CREMATION, OR REMOVAL
Place Columbia S.C. Date 3/5 37

19. UNDERTAKER Williams & Jackson
(Address) 96 Penna ave

Registrar.

MAR 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-28 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 24 1937 to Feb 28 1937

I last saw h alive on Feb 27 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.

(Address)

Information should be carefully supplied. Any false statement may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

33074

HEALTH DEPARTMENT—CITY OF BALTIMORE 33074

CERTIFICATE OF DEATH

663

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 N. Montford Ave St., 7th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth J. Berenger

If U. S. Veteran specify WAR

(a) Residence: No. 812 N. Montford Ave St., 7th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Zachary T. Berenger

6. DATE OF BIRTH (month, day, year) Feb 2, 1894

7. AGE 43 Years	Months one	Days —	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 43 yrs 9 mos

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Louis T. Birmingham

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary J. Reed.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Zachary T. Berenger
(Address) 812 N. Montford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem Date Mar. 2nd 1937

19. UNDERTAKER Geo. M. Fink & Son
(Address) 811 N. Wolfe St.

20. FILED 19

MAR 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2nd 1937

22. I HEREBY CERTIFY, That I attended deceased from May 12 1935 to March 2 1937

I last saw her alive on March 2 1937. Death is said to have occurred on the date stated above, at 1:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic Adenoma (Thyroid)	?
Acute Cardiac Dilatation	1 day

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Joseph P. Kenny M. D.

(Address) 2200 E Madison St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33075

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33075

CERTIFICATE OF DEATH 19599

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Howard

If U. S. Veteran specify WAR

(a) Residence: No. 1233 Myrtle Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 4-15-1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 40 20

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Frederick Howard

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Patsy Washington

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 3-6-37 19

19. UNDERTAKER Jas. H. Stamp
(Address) 1120 Druid Hill Ave

20. FILED 19 Registrar.

MAR 4 - 1937 Washington Maddox, MD

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 3-3 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-18 1936 to 3-3 1937

I last saw h. LIVE on 3-3 1937 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Miliary Tuberculosis	3-4 mos
Other contributory causes of importance:	
	none

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Kenney M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

33076

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33076

CERTIFICATE OF DEATH

137

Registered No. .....

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton Ave. St., 25-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Peter V. Ward

If U.S. Veteran specify WAR .....

(a) Residence: No. 2815 Georgetown Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Cain Ward

6. DATE OF BIRTH (month, day, year) July 27-1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Electric Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (City or town) (State or country) Balto. Maryland

FATHER

13. NAME David Ward

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Hoyle

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT David Ward (Address) 1918 Parkside St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross R.C. Date 3/8 1937

19. UNDERTAKER Marquet & Flynn (Address) 1932 Eight St.

20. FILED MAR 4 - 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-4-1937

22. I HEREBY CERTIFY, That I attended deceased from 3-2-1937 to 3-4-1937

I last saw h[illegible] alive on 3-4-1937 Death is said to have occurred on the date stated above, at 7.16 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-3-37
Hypertensive Cardio-renal Disease	

Other contributory causes of importance:

Uremia	3-2-37
Benign Hypertrophy prostate	

Was an operation performed? Yes Date of 1/19/37

For what disease or injury? Transurethral Resection for Benign Hypertrophy prostate

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Daniel J. Dehner M. D.

(Address) St Agnes Hospital Balto. Md

Information should be carefully supplied. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 33077 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 20655 F 33077

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 17-1 Ward) Registered No. 349-62

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Williams If U. S. Veteran specify WAR

(a) Residence: No. 902 Rear Alley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-8-1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Louisana

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Bertha Washington

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Mar 6 1937

19. UNDERTAKER Adolphus Nelson
(Address) [illegible]

20. FILED MAR 4 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-1, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-28, 1937 to 3-1, 1937

I last saw him alive on 2-1, 1937 Death is said to have occurred on the date stated above, at 9 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pellagra	Dec. 1936
Other contributory causes of importance: Cerebral Hemorrhage	10 mos

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) John T. Carey M. D.
(Address) Baltimore City Hospitals

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

VS 3

✓F 33078

F 33078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1031 N. Mount St. 16-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 10 mos. minutes. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Hinds.

If U. S. Veteran specify WAR

(a) Residence: No. 1031 N. Mount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3/3/37.

7. AGE Years	Months	Days	If LESS than 1 day hrs. or 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Herbert Hinds

14. BIRTHPLACE (city or town) (State or country) Jamaica. B. W. I.

MOTHER

15. MAIDEN NAME Lillian Barton

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Lillian Hinds

(Address) 1031 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date MAR 4 - 1937 19

19. UNDERTAKER Commissioner of Health

(Address)

MAR 4 1937 Registrar

30-45 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 3, 1937 to Mar. 3, 1937

I last saw him alive on Mar. 3, 1937. Death is said to have occurred on the date stated above at 1.10 p. m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) C. H. Peters M. D.

(Address) 1536 W. Lanvale St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33079 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33079

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 S. NEWKIRK ST. St., 26 Ward) 26-7

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE mos. ds. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME LOUISE VONTRAN

If U. S. Veteran specify WAR

(a) Residence: No. 310 S. NEWKIRK ST. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of PHILIP VONTRAN

6. DATE OF BIRTH (month, day, year) NOV. 13-1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	3	17 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

FATHER

13. NAME JOHN HAHN

14. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

MOTHER

15. MAIDEN NAME ANNIE WAGNER

16. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

17. INFORMANT CAROLINE VONTRAN (DAUGHTER)
(Address) 310 S NEWKIRK ST.

18. BURIAL, CREMATION, OR REMOVAL
Place OAK LAWN CEM. Date MARCH 6 37

19. UNDERTAKER Lilly + Zeiler INC.
(Address) 403 E Wolfe St.

20. FILED [illegible] Registrar

R 4-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MARCH 3 1937

22. I HEREBY CERTIFY, That I attended deceased from May 16, 36 to March 3 37
I last saw her alive on March 1, 37 Death is said to have occurred on the date stated above, at 8/30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema Nephritis -	1 yr
Other contributory causes of importance: Uraemia -	1 dy
Anuria -	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) W L Tonry M. D.

(Address) 639 W. Lanvale

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

33080 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 20913

F 33080

89a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 76-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

life

2. FULL NAME Pearl Gray

If U. S. Veteran specify WAR .....

(a) Residence: No. 704 S. Dean St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 4/14/24

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
12	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Arthur Gray

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Ina Pardue

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Grove Date MAR. 7 1937

19. UNDERTAKER Tilly & Zeiler Bros

(Address) 403 S. Pulaski St.

20. FILED MAR 4 - 1937 [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) 3 - 4 , 1937

22. I HEREBY CERTIFY, That I attended deceased from 2 - 7 , 1937 to 3 - 4 , 1937

I last saw h.e alive on 3 - 4 , 1937 Death is said to have occurred on the date stated above, at 3:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic Meningitis	2-28-37
Pneumococcic Mastoiditis Acute, Left	2-3-37 ?
Otitis Media, Left, Acute	?
~~Lateral Sinus Thrombosis, Left~~	2-27-37

Other contributory causes of importance:

Was an operation performed? Yes Date of 2-11-37 - 3-2-37

For what disease or injury? Mastoiditis & Lateral Sinus Thrombosis

Name of operation Simple Mastoidectomy - Drainage Lateral Sinus

What test confirmed diagnosis? operation Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. G. Brantigan, M. D.

(Address) Baltimore City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33081

F 33081 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 629-N. Duncan Street St., 5th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 50 mos. ..... ds.

2. FULL NAME Salvatore Astarita

If U.S. Veteran specify WAR no

(a) Residence: No. 629-N. Duncan Street St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theress (Aversa)

6. DATE OF BIRTH (month, day, year) 9/15/1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66	67	5	16 18	xxxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Frank J. Astarita

(Address) 629-N. Duncan Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer 3/5/37

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735-Harford Ave.

20. FILED

MAR 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1937, to March 3, 1937

I last saw him alive on March 2, 1937 Death is said to have occurred on the date stated above, at 4 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Chronic)	?
Other contributory causes of importance: Arthritis	1930

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Eugene S. Cassagno, M. D.

(Address) 514 Drury Lane

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33082

CERTIFICATE OF DEATH

95B F 33082

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4302 Evans Chapel Road Ward)

Length of residence in city or town where death occurred 54 yrs. 5 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irene E. Hardester

If U. S. Veteran specify WAR

(a) Residence: No. 4302 Evans Chapel Road Ward 27-14

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: David Hardester

6. DATE OF BIRTH (month, day, year): Sept. 26-1882

7. AGE: Years 54 | Months 5 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Charles Spicker

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Julia C. [illegible]

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: David Hardester

(Address): 4302 Evans Chapel Road

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: March 5 1937

19. UNDERTAKER: Horace F. Burgee

(Address): 3631 Falls Road

FILED MAR 4 - 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 2- 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1936, to Mar 2 1937.

I last saw her alive on Mar 2, 1937. Death is said to have occurred on the date stated above, at 7-40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal Disease	1936
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.

(Address) 2552 Lafayette Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33083

33083 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1315 Holbrook Street St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles G. Lierseman

(a) Residence: No. Kenwood Ave., Raspeburg St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta M. Lierseman

6. DATE OF BIRTH (month, day, year) Feb. 10th, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1815

10. Date deceased last worked at this occupation (month and year) Feb. 1921

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Unknown Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT (Address) Mrs. Augusta M. Lierseman Kenwood Ave., Raspeburg

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Carmel Cem. Date March 6, 1937

19. UNDERTAKER Frederick Broughton & Son (Address) 7401 Bolair Road

20. FILED Huntington Williams, Agt. MAR 4-1937 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4th, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/24, 1937, to 3/4, 1937. I last saw him alive on 3/4, 1937. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows: Coronary Thrombosis — Duration: 1 day

Other contributory causes of importance: Hypertension cardio-vascular renal disease — Duration: ?

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? P.E. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Joseph E. Blum, M. D.

(Address) 1206 E. Fayette St.

OCCUPATION is very important. See instructions on back of certificate.

F 33084 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33084

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 20-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Lilly V. Martin

If U. S. Veteran, specify WAR No Record

(a) Residence: No. 2214 Lauretta Av. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 31 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Lewis Henry Alton

14. BIRTHPLACE (city or town) (State or country) Prince Frederick Md

MOTHER

15. MAIDEN NAME Mary Olivia Sawyer

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md

17. INFORMANT Thomas B. Branson

(Address) 3106 Ferndale Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Mar 6th 1937

19. UNDERTAKER W. J. Cook

(Address) 1217 St Paul St

20. FILED Mar 6 1937 Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 20th, 1937 to March 3, 1937

I last saw her alive on Mar. 3rd, 1937. Death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Fibroid Tuberculosis	?
Chronic Laryngitis	?
Pleural adhesions & Compressed trachea	?
Other contributory causes of importance:	
Cystic thyroid	?

Was an operation performed? yes Date of Mar. 1, 1937

For what disease or injury? Tuberculosis Compressed trachea

Name of operation Extrapleural thoracoplasty

What test confirmed diagnosis? P.M. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Warren R Robinson M. D.

(Address) Mercy Hosp Balto Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

F 33085 ✓ F 33085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 Park Ave St. 11-3 Ward)

Length of residence in city or town where death occurred Life yrs. ... mns. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Vet. specify W.A. No Record

2. FULL NAME Frances H. Chaffman

(a) Residence: No. 518 Park Ave St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chaffman

6. DATE OF BIRTH (month, day, year) Feb 22nd 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Underwear Factory

10. Date deceased last worked at this occupation (month and year) 2/3/37

11. Total time (years) spent in this occupation 6 mo

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Stone

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Lankford

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT 5213 Craig Ave
(Address) Theresa Bonner

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 3/6 1937

19. UNDERTAKER J. McCook
(Address) 2111 Pratt St

20. FILED MAR 6 1937 19 Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... find that ... (Inquest, Autopsy or Inquiry) came to ... death on the day stated above. G. P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Hamilton Williams M.D. Coroner

(Address) 125 Hanover St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33086 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33086

CERTIFICATE OF DEATH 46-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Loc at Balto Gen'l Hosp 6 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Mr. John F. Smith
If U.S. Veteran specify WAR No Record
(a) Residence: No. 606 Fontaine Ave St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. ~~Single, Married, Widowed,~~ or Divorced (write the word): Divorced
5a. If ~~married, widowed, or~~ divorced HUSBAND of ~~WIFE of~~: Unknown Smith
6. DATE OF BIRTH (month, day, year): Nov 8th 1874
7. AGE: Years 62; Months 3; Days 26; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Slater
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Roofing
10. Date deceased last worked this occupation (month and year): 11/12/36
11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (city or town) (State or country): Loch Haven Penna

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): "

MOTHER
15. MAIDEN NAME: "
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: George M. Eastman
(Address) 203 Homewood Ave
18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Mar 6th 1937
19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St
20. FILED Mar 8 1937 Flemington Williamson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/4/37
22. I HEREBY CERTIFY, That I attended deceased from 12/15/36 to 3/4/37
I last saw h[illegible] alive on 3/4/37 Death is said to have occurred on the date stated above, at 2508 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach with metastasis	1/1/37
Other contributory causes of importance: Bronchial Pneumonia	

Was an operation performed? No Date of
For what disease or injury?
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, state how
(Signed) Theresa Balto Gen'l Hosp. M. D.
(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 5 - 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 33087

33087

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6545 Baltimore St., 26-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm Paul Ehler

(a) Residence: No. 6545 Baltimore St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: May Ehler

6. DATE OF BIRTH (month, day, year): Feb 3 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pa

FATHER

13. NAME: Andrew Ehler

14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER

15. MAIDEN NAME: McKnown

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT (Address): Mrs. May Ehler 6545 Baltimore

18. BURIAL, CREMATION, OR REMOVAL: Mason Bridge, Md. Date 3/6/37 19

19. UNDERTAKER (Address): Philip Stewart Sons 2616 Eutaw St

20. FILED ... 19 ... Registrar

MAR 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13 1937 to March 4 1937

I last saw h— alive on March 3 1937. Death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal	1922
dis. & Hypertension	

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? P.E. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Clarence Leubecker M.D.

(Address) Dundalk, Md.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33038 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33038

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 8-S Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Smith

(a) Residence: No. 2009 Sinclair Lane St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothy Smith

6. DATE OF BIRTH (month, day, year) Aug 20 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Geo. F. Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary A. Bright

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Alvin J. Smith

(Address) 2009 Sinclair Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 3/8/37 19

19. UNDERTAKER Philip Stewart Sons

(Address) 2016 Eutaw St

20. FILED MAR 9 - 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 4 1937

22. I HEREBY CERTIFY, That I attended deceased from February 26 1937 to March 7 1937

I last saw him alive on March 4 1937 Death is said to have occurred on the date stated above, at 8:30 P.m.

The principal cause of death and related causes of importance were as follows:

Colon Carcinoma — Date of onset 2-26-37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carl W. Spear M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

33089 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 33089

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 N. Streeper St. 1st Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Danek

(a) Residence: No. 508 N. Streeper at St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Joseph Danek

6. DATE OF BIRTH (month, day, year) Feb. 10-1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Jacob Martinek

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Emelia Vipas

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Ana Danek

(Address) 508 N Streeper St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Date Mar. 5 1937

19. UNDERTAKER Philip Herwig Sons

(Address) 2816 Eastern Ave

20. FILED MAR 5 - 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 22 1937 to March 2 1937

I last saw her alive on March 2 1937 Death is said to have occurred on the date stated above, at 6.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis - generalized	?
Chronic nephritis	?
Broncho-pneumonia	3 days

Other contributory causes of importance: Myocardial Degeneration ?

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis T. Klines M. D.

(Address) 2623 E. Monument St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-b

33090 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 33090

CERTIFICATE OF DEATH

66-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1430 Poplar Grove St. 16-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. 8 mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margard Spehnkouch

(a) Residence: No. 1430 Poplar Grove St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Spehnkouch

6. DATE OF BIRTH (month, day, year): July 1 1887

7. AGE: Years 49 | Months 8 | Days 1 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Charles E. Eiler

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Sarah E. Frantz

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: William Spehnkouch

(Address) 1430 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar. 5, 1937

19. UNDERTAKER: John J. Henry

(Address) 715 Light St

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 2 —, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16 —, 1936 to Mar 2 —, 1937

I last saw h er alive on Mar 2, 1937. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. valvular heart disease, Myocardial insufficiency	5 yrs.

Other contributory causes of importance:

Hyperthyroidism	14 yr.

Name of operation Thyroidectomy Date of Oct '36

What test confirmed diagnosis? X ray & Clinic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no — If so, specify ...

(Signed) Chas J. Keller M. D.

(Address) 722 N. Wilkens Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33091 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33091

CERTIFICATE OF DEATH

1-5 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 S. Duncan St., 1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Phillip Straszynski

U.S Veteran specify WAR .....

(a) Residence: No. 423 S. Duncan St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Straszynski

6. DATE OF BIRTH (month, day, year) May 18, 1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
31	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joseph Straszynski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Florence Brzezinski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Josephine Straszynski

(Address) 423 S. Duncan Street

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Cem Date March 6 1937

19. UNDERTAKER John M. Weber

(Address) 401 S. Eaton St

20. FILED MAR 3 - 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1937 to March 3, 1937

I last saw h in alive on March 2, 1937. Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Bilateral)	

Other contributory causes of importance:

Bilateral Pulmonary Tbc.

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Henry Wentland, M. D.

(Address) 1730 E. Fayette St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 33092

33092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-W

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 626 S. Milton St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Schmeiser

If U.S. Veteran specify WAR

(a) Residence: No. 626 S Milton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 14, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Schmeiser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie Krasch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Geo. Schmeiser

(Address) 626 S Milton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenly Cem. Date 3/6/1937

19. UNDERTAKER L. J. Heyman & Son

(Address) 32 S Broadway.

20. FILED MAR 5 - 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/4/1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1937, to Mar. 4, 1937

I last saw h[illegible] alive on Mar 2, 1937 Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease mitral Stenosis	?
Myocardial Insufficiency	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Leon J. Peters M. D.

(Address) 43 W. Patterson Park Ave

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

F 33093

Registered No.

F 33093 1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3401 Greenway St. 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas P. Perkins

If U. S. Veteran specify WAR

(a) Residence: No. 3401 Greenway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Rennart

6. DATE OF BIRTH (month, day, year) Oct. 24, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Richard K. Perkins

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Amaird Pierce

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Margaret R. Perkins
(Address) 3401 Greenway

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cemy. Date 3/6/ 1937

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED , 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/3/37 , 19

22. I HEREBY CERTIFY, That I attended deceased from 2-4 1937 to 3-3 1937

I last saw him alive on 3/3 1937 Death is said to have occurred on the date stated above, at 10 20 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis with Hypertension	
Chronic Myocarditis	
Other contributory causes Chronic Nephritis	
none	

Was an operation performed? no Date of

For what disease or injury?

Name of operation none

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry B Freeman M. D.

(Address) 807 Cathedral St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS B

MAR 5 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33094 F 33094

CERTIFICATE OF DEATH

94 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3009 Guilford Ave. St., 12-7 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles J. Linke

If U. S. Veteran specify WAR .....

(a) Residence: No. 3009 Guilford Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emily Crowley

6. DATE OF BIRTH (month, day, year) May 23, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0071

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Martin Linke

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Babette

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Emily C. Linke

(Address) 3009 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date 3/6/37, 19

19. UNDERTAKER Lohr & Mitchell Sons

(Address) 1900 Eutaw Place

20. FILED ..... 19.....

MAR 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/3/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1936 to Mar 3, 1937

I last saw him alive on Mar 2, 1937. Death is said to have occurred on the date stated above, at 3.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Dec 1936

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Evidence, Electrocardiogram Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edgar A. Tidland, M. D.

(Address) 1219 Poplar Grove St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33095 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 93C F 33095

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 E Biddle St. 10-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Virginia Satchell

If U. S. Veteran specify WAR .....

(a) Residence: No. 1305 E Biddle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Douglas Satchell

6. DATE OF BIRTH (month, day, year) 12-15-1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ga

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Williams Satchell

(Address) 1305 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Ch Date 3/6 1937

19. UNDERTAKER Joseph S. Locke Jr

(Address) 1302 Jefferson St.

20. FILED 3-5-1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-3 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Myocarditis	Now 19 1936

Other contributory causes of importance: —

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation no Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George L. Allen, M. D.

Coroner

(Address) 5 N Arlington Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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F 33096

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33096

CERTIFICATE OF DEATH

82a

Registered No. 15-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3104 Reisterstown Road Ward) 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Abraham Bercowitz

(a) Residence: No. 3104 Reisterstown Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married.

5a. If married, widowed, or divorced ~~WIFE~~ HUSBAND of Rachel

6. DATE OF BIRTH (month, day, year) 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71 70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0042

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Moses Bercowitz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Bercowitz

(Address) 3104 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL Baltimore Hebrew Cemetery Date March 5 1937

19. UNDERTAKER Sol Levinson & Bros

(Address) 1127 E Baltimore St

20. FILED [illegible] Clerk

MAR 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1937 to Mar 4 1937

I last saw h alive on Mar 4 1937 Death is said to have occurred on the date stated above, at 11½ p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute cerebral hemorrhage	3 wks
Other contributory causes of importance:	
Hypertension.	?
Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Course Was there an autopsy

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Morton B Kersh M. D.

(Address) 2904 Reisterstown Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

$3097 HEALTH DEPARTMENT—CITY OF BALTIMORE 38097

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 827 S Bond St. 4-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 33 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Maryanna Chojnowska

(a) Residence: No. 827 S. Bond Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: [redacted] John Chojnowski

6. DATE OF BIRTH (month, day, year): about 1881?

7. AGE: about 56 (Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.)

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: Michael Ormizta

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT: John Chojnowski
(Address) 827 S Bond Street

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Rosary Date: March 8th 1937

19. UNDERTAKER: George A. Weber
(Address) 700 S Linn Street

20. FILED: Wilmer, MD MAR 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 4th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1937 to March 4, 1937

I last saw h[illegible] alive on March 4 1937 Death is said to have occurred on the date stated above, at 12:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular Renal disease	10 yrs.
Other contributory causes of importance: arteriosclerosis	10 yrs.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael J. Kwiecich M. D.

(Address) 526 S. Bond St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

33098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93C F 33098

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5308 Hamlet Avenue St., 27-6 Ward.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 9 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sadie Marie Gibbons

If U. S. Veteran specify WAR

(a) Residence: No. 5308 Hamlet Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank M. Gibbons

6. DATE OF BIRTH (month, day, year) May 21, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Phillips

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Sarah Carr

16. BIRTHPLACE (city or town) (State or country) ------- Ireland

17. INFORMANT Frank M. Gibbons

(Address) 5308 Hamlet Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 3/6 1937

19. UNDERTAKER Henry W. Myers

(Address) 5-7 N. Calvert St.

20. FILED MAR 5 - 1937, 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 4 - 1937, 19

22. I HEREBY CERTIFY That I attended deceased from Jan 18 1937 to MAR 4 - 1937, 19

I last saw h. alive on 3-3 1937. Death is said to have occurred on the date stated above, at 3 03/4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	
Myocarditis	1 yr
Other contributory causes of importance:	
Cerebral Hemorrhage	4 days

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Lord, M. D.

(Address) 4132 Greenspring Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33099 F 33099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46B

1. PLACE OF DEATH

Registered No. 13-1

CITY OF BALTIMORE: (No. 934 Brooks Lane St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Brownold

If U. S. Veteran specify WAR

(a) Residence: No. 934 Brooks Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 14, 1871.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Otto Brownold

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Lichmayer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. A. Fader

(Address) 934 Brooks Lane

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Star Sinai Cem. Date Mar. 5 1937

19. UNDERTAKER David Rosenheim & Son

(Address) 1902 Eutaw Place

20. FILED MAR 5 1937 Huntington Wilkinson, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 37, 19..., to Mar. 4, 1937

I last saw h alive on Mar. 4, 19 37 Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	18 mos
Other contributory causes of importance:	
General metastasis	3 mos

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? X Ray & clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Frederick Leib, M. D.

(Address) Temple Station Balto.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B 1268-9

F 33100

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33100

CERTIFICATE OF DEATH

8-3 194B

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. Balto. City Hospitals St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Scherer

(a) Residence: No. 1309 N. Rose St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma M. Scherer

6. DATE OF BIRTH (month, day, year) Feb. 12th. 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick Scherer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Manger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Emma M. Scherer
(Address) 1309 N. Rose St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date 3/6/37 19

19. UNDERTAKER Geo. L. Boyer Jr.
(Address) 1512 Hollins St.

20. FILED 3-1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3 . 1937

22. I HEREBY CERTIFY, That ~~I attended deceased from~~ ..... 19 ..... to ..... 19 .....

I last saw h ~~alive on~~ ..... 19 ..... Death is said to have occurred on the date stated above, at 9.9. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sub dural haematoma	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Probably accident? Date of injury about June 1 1934.

Where did injury occur? Litter Wash Unknown Baker County
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place industry

Manner of injury struck in head by slipping crowbar

Nature of injury haematoma

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) A. M. Wright, M. D.
Coroner

(Address) 1010 S. Ellwood Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 33101

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33101

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 N. Broadway St. 6-5 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... da. How long in U. S. If of foreign birth 30 yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mollie Rochkind

(a) Residence: No. 3 N. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Max

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 75 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Abraham M. Barnetsin

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Rosen

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: David Pattashnick
(Address) 3 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL: Bet Chaim Date 3/5/37, 19

19. UNDERTAKER: Beck Sons Inc
(Address) 1489 E. Baltimore St.

20. FILED MAR 5 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1937, to March 5, 1937

I last saw her alive on March 4, 1937. Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	11/18/37

Other contributory causes of importance: None.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Milton H. Cumins, M. D.

(Address) 2310 Eutaw Place

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

(William Snead)

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33102

CERTIFICATE OF DEATH X V 92-a

F 33102

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 Ramsay St. 17-2 Ward)

Length of residence in city or town where death occurred 3 Months. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Snead

If U.S. Veteran specify WAR

(a) Residence: No. Henderson N. C. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie Snead

6. DATE OF BIRTH (month, day, year) 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Henderson N. C.

FATHER

13. NAME Robt Snead

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Anderson

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Frances Parker (Address) 618 Ramsay

18. BURIAL, CREMATION, OR REMOVAL Greenville N. C. Date 3/5/37

19. UNDERTAKER Bernard P. Hemsley (Address) 818 Druid Hill Ave.

20. FILED MAR 5 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/3/37

22. I HEREBY CERTIFY, That I attended deceased from 1/27/37 to 3/3/37

I last saw him alive on 3/2/37 Death is said to have occurred on the date stated above, at 6:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	3/2/37
Diabetes	
Other contributory causes of importance: Chronic Nephritis	
Arteriosclerosis	
As an antecedent cause	Date of
For what disease or injury?	
What test confirmed diagnosis? Was there an autopsy?	

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Lee Sellers M. D.

(Address) 822 Druid Hill Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

33103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

20695

Registered No. 33103

95-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? 56 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Herman Wolff

(a) Residence: No. 2541 Frederick Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-28-1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Herman Wolff

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 5 - 1937, 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED, 19 Registrar.

3047

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 - 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1 - 30, 1937 to 3 - 3, 1937

I last saw h. /M alive on 3 - 2, 1937 Death is said to have occurred on the date stated above, at 9 5³ Am.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Heart Disease — Date of onset Unk

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation NO

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John L. Kanes M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 33104

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33104 #19997

CERTIFICATE OF DEATH

80-34-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 2-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 mo. yrs. mos. ds. How long in U. S. If of foreign birth? 25 yrs. mos. ds.

2. FULL NAME Guadalupe DeLeon

If U. S. Veteran specify WAR

(a) Residence: No. 806 S. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emmy

6. DATE OF BIRTH (month, day, year) 5/29/1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mexico (State or country)

FATHER

13. NAME Guadalupe

14. BIRTHPLACE (city or town) Mexico (State or country)

MOTHER

15. MAIDEN NAME Mary Gaca

16. BIRTHPLACE (city or town) Mexico (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Johns Hopkins Medical School MAR 5 - 1937

19. UNDERTAKER Commissioner of Health (Address) Per M. A. Moore

20. FILED A. Fenton Whitacre, M.D. Registrar

MAR 5 - 1937 3046

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-3 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-4 1937 to 3-3 1937

I last saw him alive on 3-3 1937 Death is said to have occurred on the date stated above, at 5:10 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchiectasis — Date of onset unk

Other contributory causes of importance:

Caries Dentalis unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. F. Kenny M. D.

(Address) Baltimore City Hospitals

SPECIFIC CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 33105

F 33105 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1030 N. Gay St. St., 7-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 1 yrs. ..... mos. ..... ds.

2. FULL NAME Giovanni Cavallucci

If U. S. Veteran specify WAR .....

(a) Residence: No. 1030 N. Gay St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 28 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coat Shop

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Bucchianico (State or country) Italy

FATHER

13. NAME Francesco Paolo Cavallucci

14. BIRTHPLACE (city or town) Bucchianico (State or country) Italy

MOTHER

15. MAIDEN NAME Bernice Borrelli

16. BIRTHPLACE (city or town) Italy (State or country)

17. INFORMANT Elisabetta Cavallucci (Address) 1030 N. Gay St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer E. Date March 6 1937

19. UNDERTAKER Frank Della Rocca (Address) 52 N. Paca St.

20. FILED MAR 8 - 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/3/ 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Regurgitation	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1919 E. North Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 33106

33106 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

94-B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 1244 Cleveland St. 21-2 Ward)

Length of residence in city or town where death occurred 66 yrs. 2 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lucy H. Kelly

(a) Residence: No. # 1244 Cleveland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James F. Kelly

6. DATE OF BIRTH (month, day, year) Dec 5, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

FATHER

13. NAME John H. Andrews

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

MOTHER

15. MAIDEN NAME Charlotte Richards

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

17. INFORMANT Mr James F. Kelly
(Address) # 1244 Cleveland St,

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date 3/ 8/ 1937

19. UNDERTAKER John J. Cowan & Son
(Address) # 901 Hollins Street

20. FILED MAR 8 1937 Hunter for Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 / 4 / 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry found that said deceased came to (Inquest, Autopsy or Inquiry) death on the day stated above. 3 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Sudden

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Thos H Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33107

33107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1535 Asquith St. St., 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR no

2. FULL NAME Sonia Mitchell

(a) Residence: No. 1535 Asquith St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Mitchell

6. DATE OF BIRTH (month, day, year) Jan 14, 1879

7. AGE Years	Months	Days	If LESS than 1 day, ~~hrs. or min.~~
58	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Lawrence Smith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Smith

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Step-Brother - Henry Braun

(Address) 1842 N. Duncan St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 3/8/37, 19

19. UNDERTAKER George J. Ruth Inc

(Address) 1733 Washington Ave

20. FILED Hunter's Point, Wilmington, NC

MAR 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1937, to March 4, 1937

I last saw her alive on 3/3, 1937. Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	
Cachexia	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Biopsy. Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Sol Smith, M. D.

(Address) 1643 Harford Ave

OCCUPATION is very important. See instructions on back of certificate.

F 33108 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33108

CERTIFICATE OF DEATH

92-a

27-12

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. 5602 North Charles St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ELIZABETH GRIFFITH CROCKER

If U. S. Veteran specify WAR .....

(a) Residence: No. 5602 North Charles Street St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of .....
(or) WIFE of .....

6. DATE OF BIRTH (month, day, year) May 18, 1847

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	89	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

FATHER

13. NAME Emanuel Crocker

14. BIRTHPLACE (city or town) Balto. Md. (State or country)

MOTHER

15. MAIDEN NAME Harriett Griffith

16. BIRTHPLACE (city or town) Penna. (State or country)

17. INFORMANT Mr. Ira Johnson

(Address) 5602 North Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date March 6 1937

19. UNDERTAKER Chas. F. Grace & Son

(Address) 1611 Whitelock St. Baltimore, Md.

20. FILED MAR 5 - 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1936 to March 4 1937

I last saw h[illegible] alive on 7/7 1937 Death is said to have occurred on the date stated above, at 1 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Breast Disease	1936

Other contributory causes of importance:

Acute Bronchitis Pulmonary Disease	Feb 1937

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. P. Greer M. D.

(Address) 1707 Eutaw St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 33109

33109 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 E. Balto. St St., 4-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert Bukery

(a) Residence: No. 612 E. Balto. St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 807

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date MAR 5 - 1937 19

JOHNS HOPKINS MEDICAL SCHOOL Commissioner of Health

19. UNDERTAKER For H. A. Keane
(Address) Huntington Williams

5 - 1937 8051

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and (from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Wm B Wallace M. D.

(Address) 1031 St Paul St Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33110

33110 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 224 E Montgomery St. 22-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William A. Allen

If U.S. Veteran specify WAR

(a) Residence: No. 224 E Montgomery St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~[illegible]~~ Mae F Allen

6. DATE OF BIRTH (month, day, year) May 17 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	9	11,6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talla Hassee Fla

FATHER

13. NAME John W Allen

14. BIRTHPLACE (city or town) (State or country) Talla Hassee Fla

MOTHER

15. MAIDEN NAME Anna L Wright

16. BIRTHPLACE (city or town) (State or country) Talla Hassee Fla

17. INFORMANT Mrs Mae F Allen
(Address) 224 E Montgomery at

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date 3-6 1937

19. UNDERTAKER John F Denny
(Address) 716 Light St

FILED MAR 5 - 1937 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3 1937

22. I HEREBY CERTIFY, That I attended deceased from July 15/35 1935 to Mch 3/37 1937

I last saw alive on Mch 3/37 1937. Death is said to have occurred on the date stated above, at 7.45 a.m.

The principal cause of death and related causes of importance were as follows:

Nephritis

Date of onset Dec 15/36

Other contributory causes of importance:

Hypertension

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 1937

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John B Holloman M. D.

(Address) 1203 Eight

OCCUPATION is very important. See instructions on back of certificate.

F 33111

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33111

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 527 S. PATOMAC. ST. St. 1-2 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME FRANK BALCER.

If U. S. Veteran specify WAR .....

(a) Residence: No. 527 S. PATOMAC. ST. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of MARY BALCER

6. DATE OF BIRTH (month, day, year) MAY. 28/1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	9	3 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. COPPERSMITH

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) POLAND.

FATHER

13. NAME JOHN BALCER.

14. BIRTHPLACE (city or town) (State or country) POLAND

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) POLAND

17. INFORMANT PETER BALCER. (SON)

(Address) 527 S. PATOMAC ST.

18. BURIAL, CREMATION, OR REMOVAL

Place HOLY ROSARY Date MAR. 8 19 37

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) 403 S. WOLFE ST.

20. FILED MAR 3 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR. 3, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ... 7 pm ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac hypertrophy	

Other contributory causes of importance:

Coronary embolism	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. H. Wright, M. D.

Coroner

(Address) 1618 E. Lombard Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B. 1268-9

33112

F 33112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2102 Elsinor Ave St., 15-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city (or town) where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma V. Lafferty

(a) Residence: No. 2102 Elsinor Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Sept. 6-1867

7. AGE: Years 69 | Months 5 | Days 26 28 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year): Around since 1932

11. Total time (years) spent in this occupation: Retired 4 yrs.

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: (?) Lafferty

14. BIRTHPLACE (city or town) (State or country): Ireland (?)

MOTHER

15. MAIDEN NAME: Rose Murray

16. BIRTHPLACE (city or town) (State or country): Ireland (?)

17. INFORMANT: Howard F. Brehm

(Address) 2102 Elsinor Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 3/6/37 19

19. UNDERTAKER: E. A. Brenizer

(Address) 1136 Pennsylvania Ave

20. FILED: MAR 5 - 1937 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 4 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 28 . 1936 to Mar 4 . 1937

I last saw her alive on Mar 2 . 1937. Death is said to have occurred on the date stated above, at 3 30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 28/36
(Arteriosclerosis)	(?)

Other contributory causes of importance:

Name of operation None Date of ....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury None 19..

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No injury

Manner of injury None.

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None If so, specify ....

(Signed) Edward C. Smith M. D.

(Address) 920 St. Paul St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

33113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓108 F 33113

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2519 Mc Henry St., 70-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August Lommer

If U. S. Veteran specify WAR .....

(a) Residence: No. 2519 Mc Henry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotte Lommer

6. DATE OF BIRTH (month, day, year) June 7-1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	8	4 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hair & Brush

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Worker 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Gotlieb Lommer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Arnheim

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Ethel P. Thompson

(Address) 2519 Mc Henry St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Mar 6 1937

19. UNDERTAKER George L. Lehnert.

(Address) 2101 Frederick Ave.

FILED MAR 5 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 28 1937 to Mar 4 1937

I last saw him alive on Mar 3 1937 Death is said to have occurred on the date stated above, at 455 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/28/37
Other contributory causes of importance Coronary Embolism	3/4/37

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James L. Kaltenbronn M. D.

(Address) 721 Madison Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33114

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33114

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3401 Greenway St. 12-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. 0 mos. 28 ds. How long in U. S. If of foreign birth? --yrs. --mos. --ds.

2. FULL NAME Alice Willson Richards

If U. S. Veteran specify WAR .....

(a) Residence: No. 3401 Greenway St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James R. Richards

6. DATE OF BIRTH (month, day, year) Feb. 6, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (None)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John W. Willson

14. BIRTHPLACE (city or town) (State or country) -------- Maryland

MOTHER

15. MAIDEN NAME Mary Crosby

16. BIRTHPLACE (city or town) (State or country) -------- Maryland

17. INFORMANT Mrs. Alice R. Blinn

(Address) 3401 Greenway

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date 3/6 1937

19. UNDERTAKER Henry W. Myers & Son

(Address) 805 N. Calvert St.

3-5-1937 Huntington Williams, M.D. Registrar.

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MARCH 5 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to 3-5 1937

I last saw her alive on 3-4 1937 Death is said to have occurred on the date stated above, at 12.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROTIC HEART DISEASE	(1930)
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Torsey M. D.

(Address) 1122 St Paul St

F 33115

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33115

CERTIFICATE OF DEATH

192-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 Pontiac Ave. St., 25-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary M. Grail

If U. S. Veteran specify WAR

(a) Residence: No. 825 Pontiac St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thos. F. grail

6. DATE OF BIRTH (month, day, year) May 2. 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co., Md.

FATHER

13. NAME Ezekiel Mitchell

14. BIRTHPLACE (city or town) (State or country) Harford Co., Md.

MOTHER

15. MAIDEN NAME Margaret J. Fogarty

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

17. INFORMANT Charles Grail
(Address) Rogers Forge. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 3/6 1937

19. UNDERTAKER Margaret E. Fahey
(Address) 1422 Eutaw St

20. FILED 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 4. 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4 1937 to Mar. 4 1937

I last saw her alive on Mar. 3 1937. Death is said to have occurred on the date stated above, at 12 30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation (Indefinite)	
Other contributory causes of importance:	
Acute dilatation of heart	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) T. F. Campbell M. D.

3/5/37 (Address) 1644 Hanover St

OCCUPATION is very important. See instructions on back of certificate.

R 5 - 1937

VR 3

(Dresel) F 33116

F 33116 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Elizabeth Dresel

If U.S. Veteran specify WAR

(a) Residence: No. 1018 Riverside St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Dresel

6. DATE OF BIRTH (month, day, year) Nov. 22. 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	3	23	13

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Lectine

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Klont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jos. B. Dresel

(Address) Holidays Cove W. Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date 3/8 1937

19. UNDERTAKER Margaret G. Tyson

(Address) 1422 Light St

FILED 5-1937 Huntington West Virginia

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5-37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3-1-37 . 19 . to 3-5-37 . 19

I last saw h alive on 3-4-37 . 19 . Death is said to have occurred on the date stated above, at 12 15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchio-Pneumonia	3-3-37
Arteriosclerotic Heart Disease	
Diabetes	1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Nathan Hall M. D.

(Address) 1 W Read St Balto

OCCUPATION is very important. See instructions on back of certificate.

33117 F 33117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH # 21409 V95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 22-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Veit

If U. S. Veteran specify WAR

(a) Residence: No. 112 W. Lee St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry

6. DATE OF BIRTH (month, day, year) 3-6-1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Samuel Bell

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Caroline Carter

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Woodlawn Cemetery Date Mar 8 1937

19. UNDERTAKER Harry N. Ehrmann & Son
(Address) 4204 Reisterstown Rd

20. FILED 5-1937 Washington Matthews, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-4 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-25 1937 to 3-4 1937

I last saw her alive on 3-4 1937 Death is said to have occurred on the date stated above, at 8:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Dis.	4 mos
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 33118

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33118

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4415 Powell Ave. St. 26-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna M. German

(a) Residence: No. 4415 Powell Ave. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 27, 1837.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
99	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Benjamin German

14. BIRTHPLACE (city or town) Balto. Md. (State or country)

MOTHER

15. MAIDEN NAME Catherine Parlett

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Alice V. Askew,

(Address) 4415 Powell Ave. Raspeburg

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date March 6, '37

19. UNDERTAKER Harry F. Sutpen

(Address) 101 Adamson Ave.

20. FILED 5-1937 Huntington Williams, M.D.

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/4/37. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1937 to March 4 1937

I last saw h alive on March 4 1937. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia following Influenza Grippe	1930
Other contributory causes of importance: Myocardial Insufficiency	Jan 1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Sym. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward Benson M. D.

(Address) 1 W. Preston

OCCUPATION is very important. See instructions on back of certificate.

F 33119

33119 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 Etting St., 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Coltman

If U. S. Veteran specify WAR

(a) Residence: No. 1700 Etting St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lena Coltman

6. DATE OF BIRTH (month, day, year) 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W P A

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) unk
(State or country)

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) unk
(State or country)

17. INFORMANT Nursing Coltman
(Address) 1700 Etting St

18. BURIAL, CREMATION, OR REMOVAL
Place Pikesville Baltimore County Date March 5 1937

19. UNDERTAKER Archibald E. Gaddis
(Address) 2101 N. Carrollton Ave

20. FILED 3-6-1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said inquest find that said deceased came
(Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	3/3/37
Acute Influenza type	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.
Coroner

(Address) 504 Cinquentist.

OCCUPATION is very important. See instructions on back of certificate.

VS 6

Spec.—1-30—M. & T.—250 Bks

F 33120 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33120

CERTIFICATE OF DEATH. ✓ 131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 Hanover St. ST. 22-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Scanlon.

(a) RESIDENCE NO. 830 Hanover St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 11 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced XXXXXX XXXXXX (HUSBAND of) or) WIFE of Daniel Scanlon.

6 DATE OF BIRTH (month, day, and year) March 4, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Patrick Moyland.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Ann Lowrey. 3/4/37

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Agnes Scanlon. (daughter)

(Address) 830 Hanover St.

15 Filed MAR 5 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3, 1937

17 I HEREBY CERTIFY, That I attended deceased from January 11, 1937 to March 3, 1937.

that I last saw h alive on March 3, 1937

and that death occurred, on the date stated above, at 7.50 p m.

The CAUSE OF DEATH* was as follows:

Organic disease of the heart and Kidneys.

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Uraemia.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical diagnosis.

(Signed) Otto M. Steinhard M. D.

3/4/37 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL Mar 6 1937

20 UNDERTAKER John F Denny

ADDRESS 715 Light St

TION is very important. See instructions on back of certificates.

E 33121

33121 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 4-1 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William Wilmer If U. S. Veteran specify WAR ...

(a) Residence: No. 1 W. Saratoga St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 2 1903

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
33	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper box cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paper factory

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME John W Wilmer

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Susie Charlotte

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records. (Address) Baltimore City Hospitals

18. BURIAL, CREMATION, OR REMOVAL Richmond Place Virginia Date Mar-5- 1937

19. UNDERTAKER John F. Dorsey Miller (Address) 2435 E Monument St

20. FILED ... Registrar.

MAR 5 - 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5 . 1937

22. I HEREBY CERTIFY, That I attended deceased from May ... 1934 to March ... 1937

I last saw him alive on March 5 1937. Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	May 1934.
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Dan H. Feldman M. D.

(Address) Baltimore City Hospital

F 33122

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33122

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 658 East 35th St., 9-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mildred D. Dixon

If U.S. Veteran specify WAR .....

(a) Residence: No. 658 East 35th St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James S. Dixon

6. DATE OF BIRTH (month, day, year) Nov 7th 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Leo Walther

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME =

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. E. Sprust (Address) 658 East 35th St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date 3/6/37

19. UNDERTAKER F. B. Wagner & Son (Address) 360 Eutaw Place

20. FILED 3-6-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3rd 1937

22. I HEREBY CERTIFY, That I attended deceased from June 14 1928 to March 3 1937

I last saw her alive on March 3 1937 Death is said to have occurred on the date stated above, at 3 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Renal Disease	June 1928
Other contributory causes of importance: Cardiac Hypertrophy with Dilatation + Decompensation	Dec 8 1936

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

21. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Chas W Edwards M. D.

(Address) 2746 Alameda

OCCUPATION is very important. See instructions on back of certificate.

33123

F 33123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 12-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ( ) yrs. mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME (Col.) Mrs William Howard Gillis

If U. S. Veteran specify WAR

(a) Residence: No. Mt. Airy Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard Gillis.

6. DATE OF BIRTH (month, day, year) Nov. 13, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Amos N. Dempsey.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eliza J Haines.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pine Grove Cem. Date March 8, 1937

19. UNDERTAKER C. M. Waltz.
(Address) Manfield Md.

20. FILED Mar 8 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1937, to Mar 6, 1937

I last saw her alive on Mar 6, 1937. Death is said to have occurred on the date stated above, at 4 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	Mar 1937
Other contributory causes of importance:	

Was an operation performed? yes Date of Mar 4, 1937

For what disease or injury? Intestinal obstruction

Name of operation Release of adhesions

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. B. Smith M. D.

(Address) Union Mem. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

MAR 8 - 1937

F 33124

F 33124

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital 2-10-M St., 2-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Peter F. Shea If U. S. Vet. specify WAR No Record

(a) Residence: No. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Govt

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME Patrick Shea

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Mary Leahy

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Timothy Shea
(Address) Hyattsville, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place New U. S. National Cemetery Date Mar 6 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Mar 8 1937 Wm. F. Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Autopsy and that said deceased came
(Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.
Coroner

(Address)

OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of

F 33125

33125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp St 12-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Grant Stockham Sr

If U.S. Veteran specify WAR No Record

(a) Residence: No. 2532 N. Charles St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Clara E. Stockham

6. DATE OF BIRTH (month, day, year) Mar 30-1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance

10. Date deceased last worked at this occupation (month and year) Feb 1937

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Camden N. J.

FATHER

13. NAME John Stockham

14. BIRTHPLACE (city or town) (State or country) N J

MOTHER

15. MAIDEN NAME Mary Rogers

16. BIRTHPLACE (city or town) (State or country) N. J.

17. INFORMANT Chas Stockham (Son)
(Address) 2532 N. Charles St

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Mar 8 1937

19. UNDERTAKER Wm Bolk
(Address) 1217 St Paul St

20. FILED 6-1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26 1937 to Mar 5 1937

I last saw h.im alive on Mar 5 1937. Death is said to have occurred on the date stated above, at 5 20/4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3-2-37
Other contributory causes of importance: Diabetes mellitus	?

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Blood Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank R Stephenson M. D.

(Address) St. Joseph's Hosp

F 33126

F 33126 ~~STATE OF MARYLAND~~ — CERTIFICATE OF DEATH

1. PLACE OF DEATH City of Baltimore — 46-D

County ..... Registration Dist. No. .....

~~City~~ 3600 Park Heights Ave 15-17 St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Harmon Wootton If U. S. Veteran, specify WAR No Record

(a) Residence: No. 3600 Park Heights Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie M. Wootton

6. DATE OF BIRTH (month, day, and year) Mar. 17th 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	11	13 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Paper Hanger

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Self

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Frank Linstown Balto. Co. Md.

FATHER

13. NAME ? Wootton

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME ? Peck

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Stewart Wootton (Address) 3600 Park Hgts Ave

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Mar 6th 1937

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED 6-1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 4th (Day) 1937 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1st 1936 to Mar 4th 1937

I last saw him alive on March 4 1937, death is said to have occurred on the date stated above, at 11 45 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum and Prostate	?

Other Contributory Causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Sta Roscopic Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No.

(Signed) Vernon N. Gordon M. D.

(Address) 1819 St. Paul St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

TION is very important. See instructions on back of certificate.

33127

HEALTH DEPARTMENT—CITY OF BALTIMORE

33127

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH West Baltimore General Hospital — Registered No. .....

CITY OF BALTIMORE: (No. Rayner Ave & Dukeland — Ward) 8 - 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 7 mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice Jackson — If U.S. Veteran specify WAR .....

(a) Residence: No. 1725 Bradford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry E. Jackson

6. DATE OF BIRTH (month, day, year) July 11, 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles T. Swan

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Alice M. Bozman

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Harry E. Jackson
(Address) 1725 N. Bradford St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date March 8, 37

19. UNDERTAKER Howard N. Bligh Jr
(Address) 4914 Belair Road.

20. FILED ... 19 ... (Registrar)

MAR 6 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5th, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 19, 1937, to March 5th, 1937

I last saw her alive on March 5th, 1937. Death is said to have occurred on the date stated above, at 9:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with hypertension	1931 ?
Cerebral hemorrhage with right sided hemiplegia	2/12/37
Other contributory causes of importance: Diabetes mellitus	?
Terminal bronchopneumonia	3/2/37

Was an operation performed? ..... Date of No

For what disease or injury? .....

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Milton Levin, M. D.
(Address) 1715 W Mt St

OCCUPATION is very important. See instructions on back of certificate.

33128 F 33128

322225

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 17-K Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Barbara Woodward (Banks)

(a) Residence: No. 550 W. Preston St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black.	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/15/36

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Rudolph Banks

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Beatrice Woodward

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place mt. Auburn Date Mar 6, 1937

19. UNDERTAKER Mrs Katie R Wiliams
(Address) 322 N Schroeder St.

20. FILED Mar 6 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1936, to March 3, 1937

I last saw h.er alive on March 3, 1937. Death is said to have occurred on the date stated above, at 3 15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcal Empyema	
Tuberculosis	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 2-22-37

For what disease or injury?

Name of operation Tidal drainage

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Harry Shwachman, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33129 ✓ 108 F 33129

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hos. St., 17-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carl Hankins

If U. S. Veteran specify WAR .....

(a) Residence: No. 1005 Shields Place St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alice

6. DATE OF BIRTH (month, day, year) Dec 28 1903

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
33	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lifter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Co. 0040

10. Date deceased last worked at this occupation (month and year) 3-1-37

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Kenneth Spore Penn.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Alice Hankins
(Address) 307 Biddle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Calvary Date Mar 6, 1937

19. UNDERTAKER Adolphus Habal
(Address) 5 S. Eutaw St. Baltimore

20. FILED 1937 Washington Wallace, ND Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. M. Knight M. D.

(Address) 1010 S. Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

F 33130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 F 33130

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 S. Ellwood Ave St. 1-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen A. Fry

(a) Residence: No. 10 S. Ellwood Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thos Fry

6. DATE OF BIRTH (month, day, year) Dec 21/1911

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
25	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Moses E. Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Anna V. McEvoy

16. BIRTHPLACE (city or town) (State or country) ???

17. INFORMANT Thos Fry

(Address) 10 S. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 3/7/37

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Orleans St

FILED MAR 8 1937 Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8 1935 to March 4 1937

I last saw her alive on March 4 1937 Death is said to have occurred on the date stated above, at 4:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma uteri	1935
Other contributory causes of importance:	

Was an operation performed? yes Date of 1936

For what disease or injury? Sarcoma

What test confirmed diagnosis? X-R., Lab., & Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Emmert M. D.

(Address) Druid Hill Ave

F 33131

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33131

CERTIFICATE OF DEATH

3889

349-92a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-1 Ward)

Length of residence in city or town where death occurred 48 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Theodore Hinson(Hanson) (Campbell)

If U. S. Veteran specify WAR .....

(a) Residence: No. 910 Edmondson Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie Hinson

6. DATE OF BIRTH (month, day, year) 10-17-1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Jake Harris

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Addie Hison

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date 3/8/ 1937

19. UNDERTAKER Mrs. Francis A. Hemsley
(Address) 578 W. Biddle St.

20. FILED R.S. 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-4 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-20 1934 to 3-4 1937

I last saw h. / M alive on 3-4 1937 Death is said to have occurred on the date stated above, at 6.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency	
Other contributory causes of importance:	

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify .....

(Signed) John L. Kanny M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 33132

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33132

CERTIFICATE OF DEATH

1. PLACE OF DEATH Univ. Hospital. 4-N 23

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 9 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME J. Oram Leiter

(a) Residence: No. Waynesboro St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Ruth Leiter.

6. DATE OF BIRTH (month, day, year) 1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ringgold Md.

FATHER

13. NAME Charles L.

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Ida Winget

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs John Neumeyer

(Address) Waynesboro Pa

18. BURIAL, CREMATION, OR REMOVAL

Place Waynesboro Pa Date March 8 1937

19. UNDERTAKER Walter H. Grove

(Address) Waynesboro Pa

20. FILED MAR 6 - 1937 19 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 24 1937 to March 5 1937

last saw h.. alive on March 5 1937. Death is said to have occurred on the date stated above, at 5-45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Pneumococcic	2-24-37
Terminal	

Other contributory causes of importance:

Pulmonary Tbc & Cavitation	

Was an operation performed? Yes Date of 3/1/37

For what disease or injury? Pulmonary Tbc & Cavitation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) J. E. Beal M. D.

(Address) Univ Hospital

F 33133

33133 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carolyne Dukes

If U.S. Veteran specify WAR

(a) Residence: No. 1074 Sharp St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

5a. If married, widowed or divorced HUSBAND of (or) WIFE of not married

6. DATE OF BIRTH (month, day, year) August 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Priestly Dukes

14. BIRTHPLACE (city or town) (State or country) Sumter S. C.

MOTHER

15. MAIDEN NAME Diana David

16. BIRTHPLACE (city or town) (State or country) Sumter S. C.

17. INFORMANT Priestly Dukes

(Address) 1074 Sharp St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date March 6 1937

19. UNDERTAKER Isaac Bros & Sons

(Address) 108 N. Montgomery St

20. FILED [illegible] 6-1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3.3. 1937

22. I HEREBY CERTIFY, That I attended deceased from 2.25. 1937 to 3.3. 1937

I last saw her alive on 2.3. 1937 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	?
Bronchopneumonia, tuberculous	2.25.37
Other contributory causes of importance:	
None	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical & X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James D. Carr, M. D.

(Address) 515 Madison Ave

F 33134 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33134

CERTIFICATE OF DEATH

119

Registered No. 0

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 70-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Marie Hall

(a) Residence: No. 921 Lonsdale ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/15/57

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Geo Hall

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Louise Nelson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Geo Hall

(Address) 921 Lonsdale Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Mar 6, 1937

19. UNDERTAKER Wm J Jackson

(Address) 1121 Penna Ave

FILED MAR 6 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro-Enteritis	

Other contributory causes of importance: —

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation — Date of ...

What test confirmed diagnosis? Clinic Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Paul Rhenfrow, Coroner, M. D.

(Address) 1111 E. Monument ave.

OCCUPATION is very important. See instructions on back of certificate.

V S 6

33135 F 33135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Walker Ave & Sherwood Rd St., 27 Ward) 27-8 50

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. 1 mos. 0 ds. How long in U. S. If of foreign birth 82 yrs. 1 mos. 0 ds.

2. FULL NAME Carrie Jones Denmead

If U.S. Veteran specify WAR NONE

(a) Residence: No. Walker Ave & Sherwood Rd St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow
6. DATE OF BIRTH (month, day, year): Feb 5-1855
7. AGE: Years 82 | Months 1 | Days 0 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year): None
11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER
13. NAME: Lewis Denmead Jones
14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER
15. MAIDEN NAME: Jeanette Jones Baker
16. BIRTHPLACE (city or town) (State or country): Balto. Maryland

17. INFORMANT: Mrs Helen D. Barbett (daughter)
(Address) Walker Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmt. Date Mar. 6 1937

19. UNDERTAKER: Stewart & Moran Co.
(Address) 1212 N. Monroe.

20. FILED Mar 6 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 5th 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1935 to March 5 1937

I last saw h[illegible] alive on March 4 1937. Death is said to have occurred on the date stated above, at 3 4. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast. (Right)	July 1935

Other contributory causes of importance:
Senility

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Physical findings. Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:

(Signed) Danl. Y. Lt. Thos. Sinclair, M. D.
(Address) Towson, Md.

OCCUPATION is very important. See instructions on back of certificate.

33136 ✓ F 33136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5248 Cordelia Av St., 27 Ward) 0

Registered No. 27-18

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 5 mos. 25 ds. How long in U. S. If of foreign birth? 1 yrs. 5 mos. 25 ds.

2. FULL NAME Melvin Kay Anderson

If U.S. Veteran specify WAR NONE

(a) Residence: No. 5248 Cordelia Av St., 27 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Sept-8-1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Laurence O. Anderson

14. BIRTHPLACE (city or town) (State or country) Phoenix Baltimore Co. Md.

MOTHER

15. MAIDEN NAME Goldie Buell

16. BIRTHPLACE (city or town) (State or country) Mt Carmel Baltimore Co. Md.

17. INFORMANT M. L. B. Anderson (Father)

(Address) 5248 Cordelia Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Mar-6 1937

19. UNDERTAKER Stewart & Mowen Co.

(Address) 108 W North Ave.

20. FILED MAR 6 - 1937 Huntington Williams, Registrar

H

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) March 4th 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 9th 1937 to March 4th 1937

I last saw him alive on March 4th 1937. Death is said to have occurred on the date stated above, at 7 05 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	March 2nd 1937
Other contributory causes of importance: Whooping Cough - Congenital Mongolism -	Jan-Feb 1937

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Lauriston S. Keown M.D. M. D.

(Address) 1938 Linden Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 33137 ✓ F 33137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 N. Patterson Park ave., 12 Ward)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James B. Green

If U.S Veteran specify WAR

(a) Residence: No. 1817 N. Patterson Park ave, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed or divorced HUSBAND of ~~WIFE of~~ Mason B. Green

6. DATE OF BIRTH (month, day, year) Aug 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Marine Engineer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Capt. James Green

14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER

15. MAIDEN NAME Sarah Robinson

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT Sarah Green
(Address) 1817 N. Patterson Park ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date March 6-37

19. UNDERTAKER John A. McCan
(Address) 3000 E. Baltimore St.

FILED 6-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/4/1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1937 to March 4, 1937

I last saw him alive on March 3, 1937. Death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	
Senility	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. P. Herzog M.D. M. D.

(Address) 1305 N Patterson Park ave

OCCUPATION is very important. See instructions on back of certificate.

✓ F 33138

HEALTH DEPARTMENT—CITY OF BALTIMORE

33138

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 Kensington Rd 28-4 (Ward) 4

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 6 mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Etta B. Conway

If U. S. Veteran specify WAR .....

(a) Residence: No. 412 Kensington Rd St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry L. Conway

6. DATE OF BIRTH (month, day, year) Aug 17, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles H. Bogmiller

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Jessie Baynard

16. BIRTHPLACE (city or town) (State or country) Crumpton Md.

17. INFORMANT Mr. Henry L. Conway

(Address) 412 Kensington Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Mar 6 1937

19. UNDERTAKER Wm. McKeever Sons

(Address) North & Fulton Ave

20. FILED Mar 6 1937 Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1935, to Mar 4, 1937

I last saw h.. alive on Mar 4, 1937. Death is said to have occurred on the date stated above, at 11.25a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma breast left.	4-30-35
Other contributory causes of importance:	

Was an operation performed? 4-30-37 Date of .....

For what disease or injury? Carcinoma breast.

Name of operation Removal breast.

What test confirmed diagnosis? Laboratory Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Howard J. Warner M. D.

(Address) 2607 Harrison St Hosp.

OCCUPATION is very important. See instructions on back of certificate.

33139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 33139

108

Registered No. 27-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital Ward)

(If death occurred in a hospital or Institution, give its NAME Instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. 4 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard E. Mitchell (Howard Edmund Mitchell)

(a) Residence: No. 610 Evesham Ave Towson Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen J. Mitchell

6. DATE OF BIRTH (month, day, year) October 8, 1888 10/8/88

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48	48	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jas. Robertson Mfg. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William F. Mitchell

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Elizabeth Callahan

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT (Address) Mrs. Helen J. Mitchell 610 Evesham Ave. Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem. Date March 8 1937

19. UNDERTAKER (Address) Wm. J. Zickuhr & Sons Inc. Towson Pa Ave.

20. FILED R 6-1931 Huntington Williamsport, Md

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March, 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/1, 1937, to 3/5, 1937.

I last saw him alive on 3/5, 1937. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Lobar Pneumonia

Streptococcus meningitis

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D.M. Dejonge M.D. M. D.

(Address) Bon Secours Hospital

F 33140

33140 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2831 Rosalie Ave. St. 27-7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Dora Barlow

(a) Residence: No. 2831 Rosalie Ave St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry A. Barlow

6. DATE OF BIRTH (month, day, year) Dec. 16-1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto - Md.

FATHER

13. NAME James Taylor

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Henry A. Barlow

(Address) 2831 Rosalie Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodland Pk. Cem. Date Mar. 7 19 37

19. UNDERTAKER E. Miller & Son

(Address) 2334 Jefferson St.

20. 6 - 1937 Huntington Williams, M.D. Registrar.

1K

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1936 to March 5, 1937

I last saw h.. alive on March 5, 1937. Death is said to have occurred on the date stated above, at 12:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	Dec. 14 1936
Hypertension	Sept 1936 (?)

Other contributory causes of importance:

Was an operation performed? none Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) S. A. Alessi, M. D.

(Address) 6217 Harford Rd.

OCCUPATION is very important. See instructions on back of certificate.

F 33141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

146 F 33141

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 N Dallas St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hattie Lewis

(a) Residence: No. 703 N Dallas St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 21 - 1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	1	12 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Student (Nurse)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph Lewis

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Helen Fennick

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md

17. INFORMANT Joseph Lewis
(Address) 703 N Dallas St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cemetery Date 3 - 8 - 1937

19. UNDERTAKER Mrs Chas L. Bailey
(Address) 1421 Jefferson St Huntington West Virginia

20. FILED 3-6-1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 - 5 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-24 1937 to 3-5 1937

I last saw her alive on 3-4 1937 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post partum Eclampsia	3/1/37
Other contributory causes of importance: Delivered normal baby 2-27-37 at 9.45 pm	2/26/37

Was an operation performed? No Date of .....

For what disease or injury? No

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) George L. Allen M. D.

(Address) 30 Marquette St.

F 33142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9 F 33142

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1149 N Fulton ave St., 16-3 Ward)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edw E Evans Jr

If U.S. Veteran specify WAR .....

(a) Residence: No. 1149 N Fulton ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 5 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Edw E Evans Sr

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Marie Hess

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Edw E Evans Sr

(Address) 1149 N Fulton ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date Mar 8 1937

19. UNDERTAKER John Merrick & Sons

(Address) Huntington Pottsville, Pa

20. FILED MAR 6 1937 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 5 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937 to March 5 1937

I last saw him alive on March 3 1937 Death is said to have occurred on the date stated above, at 1 (Am).

The principal cause of death and related causes of importance were as follows:

Pertussis — Date of onset Feb 22, 1937

Other contributory causes of importance:

Broncho-pneumonia — Mar. 4, 1937

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Kendig Wallace M. D.

(Address) 2839 Walbrook Ave.

F 33143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 33143

46-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 N. Streeper St., 6-1 Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Frederick Pross

If U.S. Veteran specify WAR ....

(a) Residence: No. 108 N Streeper St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christina Pross

6. DATE OF BIRTH (month, day, year) Dec 11 - 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0002

10. Date deceased last worked at this occupation (month and year) Aug - 1936

11. Total time (years) spent in this occupation Lifetime

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Christian Pross

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Carl Pross

(Address) 1216 - 63rd St

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Cem Date March 8 19 37

19. UNDERTAKER John Ulrich

(Address) 2018 Allegheny Ave

20. FILED MAR 8 - 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 19

22. I HEREBY CERTIFY, That I attended deceased from October 10, 1936 to March 7 1937

I last saw him alive on March 5 1937 Death is said to have occurred on the date stated above, at 8 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum and Colon.	

Other contributory causes of importance:

Was an operation performed? Yes Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Microscopic Examination Was an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Emil Snyder M. D.

(Address) 1634 E. Baltimore St.

OCCUPATION is very important. See instructions on back of certificate.

Greene

F 33144 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-8 F 33144

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 526 N Bruce St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Greene if U. S. Veteran specify WAR Worldwar

(a) Residence: No. 526 Bruce St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Greene

6. DATE OF BIRTH (month, day, year) Sept 16-1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, 0440

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Montgomery Co. (State or country) Md

FATHER

13. NAME Jere Greene

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Virginia Hall

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Charles Greene

(Address) 526 Bruce

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date Mar 8, 1937

19. UNDERTAKER Mrs Katie R. Williams

(Address) 222 N Schroeder St.

20. FILED 1937 Mar 5 Washington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-3, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above. 11 45 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Influenza	3/2/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? No

Name of operation No Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

Coroner

(Address) 501 Courtland St.

OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 33145

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33145

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2419 Paca St Mt Winans Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Sears

If U.S Veteran specify WAR .....

(a) Residence: No. 2419 Paca St Mt Winans Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Clarence Sears

6. DATE OF BIRTH (month, day, year): 6/10/1899

7. AGE: Years 38.37 | Months 8 | Days 4/24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: John W. Glascoe

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Zeta Moore

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Clarence Sears
(Address) 2419 Paca St Mt Winans

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Auburn Date 3/7 37

19. UNDERTAKER: Raymond Sanders
(Address) 1423 E Preston St

6-1937 Huntington Williams, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/4 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/24 1937 to 3/4 1937

I last saw h[illegible] alive on 3/31 1937 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	June 1936
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, how? .....

(Signed) J W Stuart Ewing M. D.

(Address) 1600 W Fairvale St.

OCCUPATION is very important. See instructions on back of certificate.

33146

✓ F 33146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5211 Biddison Lane St., 27-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. 5 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachel Virginia Stone

If U. S. Veteran specify WAR

(a) Residence: No. 5211 Biddison Lane St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W. Stone

6. DATE OF BIRTH (month, day, year) Sept. 22 - 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Dorsett

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Jane ?

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Charles W. Stone, Jr.

(Address) 5211 Biddison Lane

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date Mar. 8, 1937

19. UNDERTAKER Charles G. Bleck

(Address) 742 W. North Ave.

MAR 6 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/1, 1937 to 3/5, 1937

I last saw her alive on 3/5, 1937. Death is said to have occurred on the date stated above, at 2-20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis (Primary)	
Enteritis - Chronic.	

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical. Was an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Stephen Fooks M. D.

(Address) 6703 Harford Rd

OCCUPATION is very important. See instructions on back of certificate.

O.K. - Paul Schenley, M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

33147

CERTIFICATE OF DEATH

10 Ja F 33147

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 10 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Marcian Jr.

If U. S. Veteran specify WAR

(a) Residence: No. 1707 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced — HUSBAND of — (or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 11, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	22 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Louis Marcian

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Schaarman

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Mrs. Elizabeth Berry

(Address) 1707 Barclay St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Mar 6th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Huntington Williams M.D.

6-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5-1937

22. I HEREBY CERTIFY, That I attended deceased from 3-5-1937 to 3-5-1937

I last saw him alive on 3-5-37, 19 Death is said to have occurred on the date stated above, at 7 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Retropharyngeal abscess	2 days

Other contributory causes of importance:

Bronchopneumonia	2 days

Was an operation performed? yes Date of 3-5-37

For what disease or injury? Retropharyngeal abscess

Name of operation Incision

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard Peterson M. D.

(Address) Sydenham Hosp

OCCUPATION is very important. See instructions on back of certificate.

F 33148

33148 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hosp St. 3701 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Graham
If U. S. Veteran specify WAR .....

(a) Residence: No. 4107 St. Thomas Ave. St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 4, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			11 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Reginald Graham
14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Claire Elkins
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Reginald Graham
(Address) 4107 St. Thomas Ave

18. BURIAL, CREMATION, OR REMOVAL
West Laurel Date March 6, 1937

19. UNDERTAKER C. Brenowitz Son
(Address) 3618-12 Christian Ave

20. FILED March 6 1937 Harrington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1937 to March 5, 1937
I last saw him alive on March 5, 1937 Death is said to have occurred on the date stated above, at 7:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Other contributory causes of importance:	

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. B. Smith M. D.
(Address) Union Mem. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

6-1937

F 33149

33149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals) (Ward) 10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alice V. Johnson

(a) Residence: No. 4422 St George Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of x

6. DATE OF BIRTH (month, day, year) Jan 29 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
—	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Catherine

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Jane Armstrong

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Florence Hankins, Grandmother

(Address) 4422 St. George Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St Stephens Ground Date March 4 1937

19. UNDERTAKER Robt H. Williams

(Address) 1515 Edgecombe Ave

20. FILED ... Huntington Williams, Registrar.

6-1937

V S 6

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (primary)	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) N. M. Wright Coroner M. D.

(Address) 1010 S. Ellwood Ave

33150

F 33150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 11 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp 16-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 1 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Elizabeth Bailey

(a) Residence: No. 1023 N. Stricker St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 10, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William H. Bailey

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Lorraine Roberts

16. BIRTHPLACE (city or town) (State or country) Gilmor Texas

17. INFORMANT Mother

(Address) 1023 N. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date March 8, 1937

19. UNDERTAKER Robert McClinn

(Address) 515 McElderry St

20. FILED 6-1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937 to March 5, 1937

I last saw h[illegible] alive on March 5, 1937 Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzal meningitis	9 days

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Lumbar punctures Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Murray Kieffer M.D.

(Address) Sydenham Hosp.

F 33151

33151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Ross

If U. S. Veteran specify WAR

(a) Residence: No. College Ave. Elliott City St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 8, 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Robert Leonard Ross

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Esther Hamblin

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. John Cem Date May 9 1937

19. UNDERTAKER Easton Bros

(Address) Ellicott City

20. FILED 19 Registrar

6-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1937 to March 6, 1937

I last saw h.a.. alive on March 6, 1937. Death is said to have occurred on the date stated above, at 4:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Fever	
Other contributory causes of importance:	

Was an operation performed? Biopsy Date of 2/10/37

For what disease or injury? Nodule

Name of operation Biopsy

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Raymond D. Lyon, M. D.

(Address) Mercy Hospital Balto. Md.

OCCUPATION is very important. See instructions on back of certificate.

F 33152

F 33152 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Bernard Goldberg

(a) Residence: No. 2000 Baker St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Simon

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Rebecca

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Wife

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mach Blvd. Date 3/7/37

19. UNDERTAKER Joe Lewis Inc

(Address) 1439 E. Baltimore St.

20. FILED ..... 19..... Registrar.

R. 7-6-1937 Huntington Milwaukee, Wis.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/6/37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

also from Inquest, Autopsy or Inquiry) find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sub-Arachnoid Hemorrhage (Undetermined Origin)	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Paul Schenker, M. D.

(Address) 1912 E. North ave. Coroner

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

33153

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33153

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 Moreland ave St., 15-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 23 yrs. ... mos. ... ds.

2. FULL NAME Edna Hyatt

(a) Residence: No. 1606 Moreland ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Hyatt

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Harry Fried

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ch. Chiffsa

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Chas Hyatt

(Address) 1606 Moreland ave

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Mem Date 3/7 1937

19. UNDERTAKER Jack Lewis Inc.

(Address) 1739 E. Baltimore St

20. FILED ... 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4th 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25 1937 to March 4th 1937

I last saw him alive on March 4th 1937. Death is said to have occurred on the date stated above, at 9.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	
Myocarditis	

Other contributory causes of importance:

Acute cardiac dilatation	

Name of operation — Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Benjamin Kadis M. D.

(Address) 2306 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

V-3

33154 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 33154

CERTIFICATE OF DEATH

46-B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1600 N. Smallwood St., (15-3 Ward)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Abraham Diner
If U. S. Veteran specify WAR .....

(a) Residence: No. 1600 N Smallwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rebecca Diner

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 57 | Months | Days | If LESS than 1 day ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shoe 0645
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Business
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Rebecca Diner
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Date 3-7-37 19
Place: Rosedale

19. UNDERTAKER: Joseph Lenz Inc
(Address) 1439 E. Baltimore St

20. FILED ..... 19 ..... Registrar.

AR 7-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/6/37

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1936, to Mch 6, 1937
I last saw h.. alive on Mch 6, 1937. Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Prior to Sept 1, 1936

Other contributory causes of importance:
Metastases

Was an operation performed? Yes Date of Dec. 1936
For what disease or injury? Carcinoma of Stomach
Name of operation Exploratory Laparotomy
What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Morrison, M. D.
(Address) 1013 N. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

F 33155

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33155

CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2008 E. Fairmount Ave Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Shulman

If U. S. Veteran specify WAR .....

(a) Residence: No. 2008 E. Fairmount St. Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Hannah

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE: Years: 70 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sexton

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0086

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Volkman

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Volkman

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Hannah Shulman

(Address) 2008 E. Fairmount ave

18. BURIAL, CREMATION, OR REMOVAL: Mt Carmel Date 3/7/37 19

19. UNDERTAKER: Jack Louis Inc

(Address) 1439 E. Baltimore St

20. FILED MAR 7 - 1937 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5-37. 19

22. I HEREBY CERTIFY, That I attended deceased from July 6 1935, to 3/1 1937

I last saw him alive on 3/1 1937. Death is said to have occurred on the date stated above, at 10:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Spine	
Carcinoma of Lung	over

Other contributory causes of importance:

Was an operation performed? Yes Date of 1934

For what disease or injury?

Name of operation Prostatectomy

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. L. Hornstein M. D.

(Address) 733 Aisquith St

OCCUPATION is very important. See instructions on back of certificate.

33156

F 33156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 76-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Domenico Cosso

If U. S. Veteran specify WAR

(a) Residence: No. 218 N. Haven St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 25, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fabon

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Domenico Cosso

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Olga Camaggio

(Address) 2105 E. Haven St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 8 1937

19. UNDERTAKER Frank V. Paterno

(Address) 3812 E. Baltimore

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/5/37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

Use - 1937

F 33157

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33157

CERTIFICATE OF DEATH

V 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3517 Spaulding Ave Ward) 22-18

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME SARAH A. SWAM

If U.S. Veteran specify WAR No Record

(a) Residence: No. 3517 Spaulding St. Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND (or) WIFE of: John W.

6. DATE OF BIRTH (month, day, year): Nov. 27 1854

7. AGE: Years 82 | Months 3 | Days 9 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (month and year): 2/22/37

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Penna

FATHER

13. NAME: — Sweitzer

14. BIRTHPLACE (city or town) (State or country): Penna

MOTHER

15. MAIDEN NAME: Julia Bahn

16. BIRTHPLACE (city or town) (State or country): Penna.

17. INFORMANT: Mammie S Barner

(Address) 3517 Spaulding

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Date: 3/8/37 19

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

20. FILED: 3-7-1937 Clinton Wilbur, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1937 to March 6, 1937

I last saw h[illegible] alive on March 5, 1937 Death is said to have occurred on the date stated above, at 10 30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	2/22/37

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) A G Jones M. D.

(Address) 720 N Wolfe

OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

33158 33158

CERTIFICATE OF DEATH

95-B

Registered No. 9-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 924 Montpelier St. Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susan Driver

(a) Residence: No. 924 Montpelier St., Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ (or) WIFE of John J. Driver

6. DATE OF BIRTH (month, day, year) Jan 9th 1870

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
67	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph Stein

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Catherine Schulter

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Catherine Mason

(Address) 924 Montpelier St

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Mar 8th 1937

19. UNDERTAKER Mrs Cook

(Address) 1217 St. Paul St

20. FILED Mar 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 5th 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1937, to March 5, 1937

I last saw her alive on March 4, 1937 death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Mch 5 1937
Other contributory causes of importance: Cardio vascular dis	

Name of operation None Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Fritz J. Kinzey, M. D.

(Address) 2700 Harford Road

OCCUPATION is very important. See instructions on back of certificate.

33159 HEALTH DEPARTMENT—CITY OF BALTIMORE E 33159

CERTIFICATE OF DEATH 131

1. PLACE OF DEATH 19029 Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Harris If U. S. Veteran specify WAR

(a) Residence: No. 1004 W. Lexington St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Harris

6. DATE OF BIRTH (month, day, year) 3-3-~~1875~~ 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51 ~~62~~		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Manuel Harris

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Florence ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 3/8 19 37

19. UNDERTAKER William A Jackson
(Address) 916 Penna Ave

20. FILED MAR 7 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-4 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-27 1936 to 3-4 1937

I last saw h/ M alive on 3-4 1937 Death is said to have occurred on the date stated above, at 9 ~~48~~ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Renal Disease	Unk
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John F Kagey M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 33160

33160 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH X J 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat 28-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ? mos. ? ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Reverend Thomas J. Keenan

If U.S. Veteran specify WAR None

(a) Residence: No. New York City St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 19, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	8	15 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Priest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1918

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME James Keenan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anne Coogan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records of Mt. Hope Retreat

(Address) Mount Hope Retreat, City

18. BURIAL, CREMATION, OR REMOVAL

Place ~~Mount Hope Cemetery~~ Date Mar 8/37

Calvary Cem Long Island N.Y.

19. UNDERTAKER Edward Brown Company

(Address) 102 W. North Avenue

20. FILED 7-1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1928 to March 6 1937

I last saw him alive on March 5, 1937 Death is said to have occurred on the date stated above, at 11:23A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis (I)	
Dementia Praecox	30 yrs
Other contributory causes of importance:	
Carbuncle of left leg	1 wk

Was operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Dallas P. Clay, M. D.

(Address) 3316 Eastern Ave.

OCCUPATION is very important. See INSTRUCTIONS on BACK of CERTIFICATE.

33161

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33161

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2151 Mt. Holly St. St. 15-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME WILLIAM JEFFERSON DAVIS

If U. S. Veteran specify WAR .....

(a) Residence: No. 2151 Mt. Holly Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of Lydia C. McGeeney Davis

6. DATE OF BIRTH (month, day, year) July 14, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Claim Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. Casualty Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles H. Davis

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Carolyn L. Fritz

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Lydia McGeeney Davis

(Address) 2151 Mount Holly Street

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 9-37

19. UNDERTAKER Chas E. Davis & Son

(Address) 118 W. Mt Royal ave

20. FILED ....., 19..... Registrar.

R 7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1937 to March 5, 1937

I last saw h[illegible] alive on March 5, 1937 Death is said to have occurred on the date stated above, at 7.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arterio-sclerosis	
Cerebral hemorrhage -	

Other contributory causes of importance:

Hypertension

Was an operation performed? no Date of -

For what disease or injury? -

Name of operation none

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? not Date of injury -, 19.....

Where did injury occur? none

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury -

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? not If so, specify .....

(Signed) D. Lorenz Streett M. D.

(Address) 7 W. Mt Royal ave, Baltimore

OCCUPATION is very important. See instructions on back of certificate.

33162 33162

33162 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1832 Hanover Hill Ward) 14-3

Length of residence in city or town where death occurred 59 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lupis T. Layman

(a) Residence: No. 1832 Hanover, Hill Ave., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elsie Layman

6. DATE OF BIRTH (month, day, year) June 7th 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles Silgman

14. BIRTHPLACE (city or town) (State or country) Fredericksburg Va.

MOTHER

15. MAIDEN NAME Sarah Gibbons

16. BIRTHPLACE (city or town) (State or country) Fredericksburg Va.

17. INFORMANT Dora Brown
(Address) 1832 Hanover Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date 3-8- 1937

19. UNDERTAKER Archibald A. Graham
(Address) 2101 McCulloh St.

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 4th 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 24th 1936 to Mar 4th 1937

I last saw h.. alive on Mar 2nd 1937. Death is said to have occurred on the date stated above, at 6:25 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation of the Heart	6 mos.
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Harry F. Brown M. D.

(Address) 1835 Madison Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

F 33163

33163 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4219 E. Lombard St. • St., 16-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 28 yrs. ... mos. ... ds.

2. FULL NAME Luigi Caputo

(a) Residence: No. 4219 E. Lombard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Caputo

6. DATE OF BIRTH (month, day, year) May 9 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mendicina-Cosenza Italy

FATHER

13. NAME Antonio Caputo

14. BIRTHPLACE (city or town) (State or country) Mandicina Italy

MOTHER

15. MAIDEN NAME Rosina Reda

16. BIRTHPLACE (city or town) (State or country) Mendicina Italy

17. INFORMANT Mary Caputo (Wife)
(Address) 4219 E. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date March 9, 1937

19. UNDERTAKER Frank Della Rose
(Address) 52 N. Morley St.

20. FILED 3-7-1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1937, to March 6, 1937

I last saw him alive on March 5, 1937. Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	October 1934

Other contributory causes of importance:

Acute Myocardial failure 3-6-37

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Gilbert Artigiani M. D.

(Address) 2942 E. Fayette St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-7

F 33164 ✓ F 33164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 339 Bloom St., 14-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Gray Ames

(a) Residence: No. 339 Bloom St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lee Ames

6. DATE OF BIRTH (month, day, year) May 1-1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month, day, year) Nov 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton, Md.

FATHER

13. NAME John Blake

14. BIRTHPLACE (city or town) (State or country) Easton, Md.

MOTHER

15. MAIDEN NAME Minnie Wilson

16. BIRTHPLACE (city or town) (State or country) Easton, Md.

17. INFORMANT Lee Ames

(Address) 339 Bloom St.

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Rest Date Mar 7 1937

19. UNDERTAKER Mrs. George W. Holland

(Address) 1119 Druid Hill Ave

20. FILED Mar 7 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1937 to March 4, 1937

I last saw h[illegible] alive on March 4 1937. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of the Alimentary Tract.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What tests to confirm diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Austin F. Robinson M. D.

(Address) Medical Arts Bldg

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

No. 33165 ✓ F 33165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 Druid Hill Ave St. 17-2 Ward)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Olethea Harris Wiggins

(a) Residence: No. 1110 Druid Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 4-1913

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
23	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jesse Harris

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Elizabeth Jackson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT George H. Harris
(Address) 1110 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Mar 20 37 19

19. UNDERTAKER Mrs. George H. Holland
(Address) 1630 Druid Hill Ave

20. FILED MAR 20 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/4 , 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/8 , 1937 to 3/4 , 1937
I last saw h[illegible] alive on 3/4/37 , 19 ..... Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Rheumatic Fever	Jan 37

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Eye exam Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) D. Lowell Jones M. D.

(Address) 1110 Druid Hill Ave.

State CAUSE OF DEATH in plain terms, so that it may be clear if OCCUPATION is very important. See instructions on back of certificate.

F 33166

33166 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. 26

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2733 Gough St., 1-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Hannah Schroder

If U.S. Veteran specify WAR .....

(a) Residence: No. 2733 Gough St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 28. 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Richard Schroder

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Minnie Pettit

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Cly Blocklauker

(Address) 2733 Gough St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 3/8/37

19. UNDERTAKER Louis Heumann

(Address) 32 S. Broadway

20. FILED ..... 19.. ..... Registrar

J - 1537

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5-1937

22. I HEREBY CERTIFY, That I attended deceased from Jan ....., 1937 to March 5 ....., 1937

I last saw h.. alive on 3/5 ....., 1937. Death is said to have occurred on the date stated above, at 2 P.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis. Arteriosclerosis (Senility & Kyphoscoliosis)	2 yrs
Other contributory causes of importance: Kyphosis - T.B. Spine 4 yrs	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Gayle, M. D.

(Address) 2221 Eastern Ave

F 33167

33167 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3522 Elm Ave St., 13 Ward 6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Henry Peregoy

If U. S. Veteran specify WAR

(a) Residence: No. 3522 Elm Ave St., 13 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Laura Virginia Peregoy

6. DATE OF BIRTH (month, day, year): Oct. 26 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter 0015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 8 years

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Co Maryland

FATHER

13. NAME: Joseph Peregoy

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Sarah Tilonen

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs. Jane B. Tullock

(Address) 3522 Elm Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Cem. Date: March 8- 1937

19. UNDERTAKER: Horace F. Burgee

(Address) 3621 Falls Road

20. FILED: [illegible] Registrar.

MAR 7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 5- 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 15 1937 to Mar 5 1937

I last saw him alive on Feb 14 1937

Death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of Stomach	2/14/37

Other contributory causes of importance:

Arterial Sclerosis High tension Cerebro Vascular Disease

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. J. Tullock M. D.

(Address) 3611 Falls Rd. Bodo Md

OCCUPATION is very important. See instructions on back of certificate.

F 33168 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33168

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1131 Sargeant St. S 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna E. Eberhardt

(a) Residence: No. 1131 Sargeant St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of late Louis G Eberhardt

6. DATE OF BIRTH (month, day, year) July 6, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Reitz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Herchenroeder

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary Kolscher
(Address) 1131 Sargeant St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 3/8/37 19

19. UNDERTAKER Geo. L. Beyer Jr.
(Address) 1512 Hollins St.

20. FILED Mar 8 1937 Huntington W. Va. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 25, 1936 to March 5, 1937

I last saw her alive on March 4. 1937 Death is said to have occurred on the date stated above, at 6.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio vascular renal disease	Aug. 25, '36
Other contributory causes of importance: Uraemia	10 days

Was an operation performed? no Date of

For what disease or injury? - - -

Name of operation. - - - Date of

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Harry Reibel M. D.

(Address) 1224-1226 Hanover St.

Guadalupe Alferez

✓ F 33169

33169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH St. Agnes' Hospital, Registered No.
CITY OF BALTIMORE: (No. Hilleman & Caton Aves, St., 14-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.
If U.S. Veteran specify WAR

2. FULL NAME Miss Guadalupe Alferez,
(a) Residence: No. 1601 Linden Ave, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 12 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or ...min.
62	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Mexico

FATHER

13. NAME Marcelino Alferez

14. BIRTHPLACE (city or town) (State or country) Mexico

MOTHER

15. MAIDEN NAME Julieta Montelongo

16. BIRTHPLACE (city or town) (State or country) Mexico

17. INFORMANT Carlos A. Perez
(Address) 1601 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Mar 8, 1937

19. UNDERTAKER Albert W. Deregy
(Address) 420 E. North Ave

20. FILED ... 19... Registrar

MAR 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-6-, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-6-, 1937 to 3-6-, 1937
I last saw her alive on 3-6-, 1937 Death is said to have occurred on the date stated above, at 3.00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	—
Chronic Interstitial Nephritis	—
Diabetes	1935
Other contributory causes of importance:	
Diabetic Gangrene of Right Leg	1936

Was an operation performed? Yes Date of 3/4/37
For what disease or injury? Gangrene of Right Leg
What test confirmed diagnosis? clinical Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Daniel Jos. Wehner M. D.
(Address) St. Agnes Hospital

F 33170

F 33170 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25-5-23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1416 Cherry St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. -- mos. -- ds. How long in U. S. If of foreign birth 27 yrs. mos. -- ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Moskal.

(a) Residence: No. 1416 Cherry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (HUSBAND OF) (or) WIFE of John Moskal.

6. DATE OF BIRTH (month, day, year) March 19, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	39	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town). (State or country) Poland.

FATHER

13. NAME Michael Phachtza.

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Mary --------

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT John Moskal. (husband)
(Address) 1416 Cherry St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross A.M.C. Date March 8 1937

19. UNDERTAKER Wm. S. Fialkowski
(Address) 2607 Eastern Ave

20. FILED ..... 19 ..... Registrar.

MAR 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic disease of the heart and kidneys.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Otto M. Amundsen M. D.
Coroner

3/5/37 (Address) 1017 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

F 33171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 33171

181

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U. S. Marine Hosp. St., 18-3 Ward)

Length of residence in city or town where death occurred 15 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Henry Malone

(a) Residence: No. 1019 E. Baltimore St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Charlotte Malone

6. DATE OF BIRTH (month, day, year) May 15, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chicago (State or country) Ill.

FATHER

13. NAME William Malone

14. BIRTHPLACE (city or town) Tipperary (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Horan

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Records U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place National Cem. March 8 1937

19. UNDERTAKER Robert L. Cook (Address) 1003 W. Baltimore St.

20. FILED MAR 7 1937 Washington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scald - 3rd degree, ft. Upper + lower extremities	Feb 37
Septicemia, Streptococcic, with multiple infarctions	2-22-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc. Date of injury 2-14 1937

Where did injury occur? 1019 E. Baltimore St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell in kettle of boiling water

Nature of injury Scald

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. S. Darbaker M. D. Coroner

(Address) 850 E. 36th St.

OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B. 1268-3

F 33172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 33172

45-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5029 Gwynn Oak Ave St.) (Ward) 58-2

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Turner Perkins Travers

(a) Residence: No. 5029 Gwynn Oak Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eleanora Travers

6. DATE OF BIRTH (month, day, year) March 29 - 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager Iron Foundry 1936

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. James J Lacy Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co Maryland

FATHER

13. NAME Thomas Henry Travers

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Maryland

MOTHER

15. MAIDEN NAME Eliza Jane Nary

16. BIRTHPLACE (city or town) (State or country) Dorchester Co Maryland

17. INFORMANT Eleanora Travers
(Address) 5029 Gwynn Oak Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place Loudon Park Date Mar. 8 1937

19. UNDERTAKER Josiah Lyfer
(Address) 1000 W. North Ave.

20. FILED ... 19... Registrar.

Mar 8 1937 Thurlington Travers M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 6 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1936 to Mar 6 1937

I last saw h.. alive on Mar 5 1937. Death is said to have occurred on the date stated above, at 8-10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Tongue	1936

Other contributory causes of importance:

Name of operation Radium - Resection of Tongue Date of Oct 1936

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) A. C. Smith M. D.

(Address) 4509 Belmont Ave

33173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

JOHNS HOPKINS HOSPITAL

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 11-4 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irvin L Guldin

If U. S. Veteran specify WAR

(a) Residence: No. 1303 Linden ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marion

6. DATE OF BIRTH (month, day, year) 11-19-94

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME H Wesley Guldin

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Anna Burns

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records

(Address)

JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Pottstown Pa Date Mch. 8 19 37

19. UNDERTAKER John O. Mitchell Sons

(Address) 1900 Eutaw Place

20. FILED 19 Registrar.

MAR 7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6. 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb - 3 - 1937 to March 6 1937

I last saw him alive on March 6. 1937. Death is said to have occurred on the date stated above, at 3.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno Carcinoma of Rectum	Summer of 35

Other contributory causes of importance:

Peritonitis + Starvation

Was an operation performed? Yes Date of 2-13-37

For what disease or injury? Ca of Rectum

Name of operation Abdominal - perineal

What tests confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dewey J. Tibbens M. D.

(Address) Johns Hopkins Hospital

OCCUPATION IS VERY important. See instructions on back of this sheet.

V8 8

21433 ✓ F 33174

F 33174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 10-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Barber

(a) Residence: No. 721 E. Preston St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-27-1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd Jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME George

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Isabelle

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Md Date 3/8/37 19

19. UNDERTAKER Wm Ottenschlag Sons
(Address) 1300 Eutaw Place

20. FILED ..... 19 ..... Registrar.

MAR 7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-6 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-26 1937 to 3-6 1937

I last saw h[illegible] alive on 3-6 1937 Death is said to have occurred on the date stated above, at 8 1/5 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma bladder 8

Date of onset 2 yrs

Other contributory causes of importance:

Anemia 6 days

Was an operation performed? yes Date of 3-1-37

For what disease or injury? Carcinoma

Name of operation Cystoscopic

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If [illegible]

(Signed) M. D.

(Address) Bal't. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

33175 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 33175

107-a

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 Hawthorne Rd. St. 27-14 Ward)

Length of residence in city or town where death occurred 87 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth A. Nelson

(a) Residence: No. 411 Hawthorne Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, year) July 3, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	87	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thomas T. Nelson

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER

15. MAIDEN NAME Emily L. McPhail

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Carrie N. Vas Sant
(Address) 411 Hawthorne Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemy. Date 3/8/37

19. UNDERTAKER John F. Mitchell Sons
(Address) 1900 Eutaw Place

20. FILED ..... 19..... Registrar.

MAR 7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/6/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from Feb - 13. 1937, to Mar - 6 - 1937

I last saw her alive on March 5 . 1937 Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	Feb 13
Acute Cystitis.	Feb 28

Other contributory causes of importance: Senile Arteriosclerosis

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Wm. Gibson Porter M. D.

(Address) 4822 Roland Ave.

OCCUPATION is very important. See instructions on back of certificate.

33176 F 33176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 16-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3214 Dudley St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna V. Thom

If U. S. Veteran specify WAR

(a) Residence: No. 3214 Dudley St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Burton Thom

6. DATE OF BIRTH (month, day, year) Nov. 2 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph Mettee

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Catherine Donnelly

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Charles Mettee

(Address) 3214 Dudley St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 3/8, 1937

19. UNDERTAKER Leonard J. Brady

(Address) 1230 Harford Ave.

20. FILED ..., 19... Registrar

MAR 7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1937 to March 4, 1937

I last saw her alive on March 4, 1937. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3 yrs
Other contributory causes of importance: Acute Pulmonary Edema	1 day

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel A. Wolfe, M. D.

(Address) 133 E. North Ave

33177 F 33177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) Registered No. 184

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME William Bennett — U. S. Veteran specify WAR

(a) Residence: No. 3730 E. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Jan 15 1924

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
13	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. schoolchild

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Franklin P. Bennett

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Hannah O'Toole

16. BIRTHPLACE (city or town) (State or country) Balto Co Md.

17. INFORMANT Miss Helen Bennett

(Address) 3730 E. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore County Date Mar. 8, 1937

19. UNDERTAKER John A. Moran

(Address) 3000 E. Balto St.

20. FILED ... 19... Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

and by autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
hemorrhage at base of brain fr. unknown wound	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury March 4 1937

Where did injury occur? Balto Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Abandoned quarry Lombard & 7th Sts

Manner of injury shot with rifle

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. C. D. Wright Coroner, M. D.

(Address) 1010 S. Ellwood Ave

OCCUPATION is very important. See instructions on back of certificate.

MAR 7 - 1937

M. D. B 1268-9

33178

F 33178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-7 Ward)

Registered No. 194-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. 1 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Norman Shertzer

If U. S. Veteran specify WAR

(a) Residence: No. Edgemeare Balto. Co. Md. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) May 10 1920

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
16	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sparrows Point Maryland

FATHER

13. NAME Harry A. Shertzer

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Maryland

MOTHER

15. MAIDEN NAME Mary M. Reynolds

16. BIRTHPLACE (city or town) (State or country) Havre de Grace Maryland

17. INFORMANT Mrs. Mary Ella Evans (Address) Edgemere Md

18. BURIAL, CREMATION, OR REMOVAL APD #10 Pg 35

Place Jessops - Cockeysville Date Mar. 8 1937

19. UNDERTAKER Wm. C. Brooks & Son (Address) Sparrows Point, Md.

20. FILED Mar 7 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other contributory causes of importance:	

Was an operation performed? Yes Date of March 5, 1937

For what disease or injury? Fracture of Skull

Name of operation Decompression March 5 Date of

What test confirmed diagnosis Clin Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury March 5, 1937

Where did injury occur? Public School Sparrow Point (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Struck by piece of wood from Lathe in Vocational School

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Injury while in Schoo

(Signed) C. R. Weber M. D. Coroner

(Address) 2754 N. Ave

OCCUPATION is very important. See instructions on back of certificate.

33179 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 33179

CERTIFICATE OF DEATH

Registered No. 78

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 96-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert J. Reid

If U. S. Veteran specify WAR

(a) Residence: No. 807 Ridge Ave., Pittsburgh, Pa. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Mrgt. Perry

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pittsburgh Pa. Date 3-11 1937

19. UNDERTAKER Wilhelm Cook
(Address) 217 E. Fayette St.

20. FILED 3-11 1937 Registrar for Pittsburgh Pa.

7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-7 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-13 1937 to 3-7 1937

I last saw him alive on 3-7 1937 Death is said to have occurred on the date stated above, at 6:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Abscess	Shoulder
Other contributory causes of importance: Post pneumonic empyema	1 mo

Was an operation performed? Yes Date of 1-28-37

For what disease or injury? Empyema

Name of operation Thoracotomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospitals

OCCUPATION IS VERY Important. See instructions on back of certificate.

F 33180

33180 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

11327 V 107-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 11-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1905

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No War Record

2. FULL NAME Edward Clegg

(a) Residence: No. 1228 Calvert St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret O. Clegg

6. DATE OF BIRTH (month, day, year) 8-31-1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown 087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ———— 087

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME James Clegg

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Rosanna ?

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Records of Balto. City Hospts
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date 3/9/37

19. UNDERTAKER Wm. Cole & Sons
(Address) 1317 Eutaw St

20. FILED 1937 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-6-1937

22. I HEREBY CERTIFY, That I attended deceased from 1-20-1936 to 3-6-1937

I last saw h.i.m alive on 3-6-1937. Death is said to have occurred on the date stated above, at 7:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	Dec. Dec.
Other contributory causes of importance: Senility	Unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. F. Ramey M. D.

(Address) Baltimore City Hospitals

VR 3

33181 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 33181

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital, St., 57-14 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles F. Talbott If U.S. Veteran specify WAR No Record

(a) Residence: No. 5009 Falls Rd. St., Terrace Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~or WIFE~~ Caroline A. Talbott

6. DATE OF BIRTH (month, day, year) July 16th 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secty + Treasurer

9. Industry or business in which work was done, as mill, saw mill, bank, etc. Black Sheridan + Wilson

10. Date deceased last worked at this occupation (month and year) 3/6/37

11. Total time (years) spent in this occupation. 30

12. BIRTHPLACE (city or town) (State or country) Elkridge Md

FATHER

13. NAME Chas. A. Talbott

14. BIRTHPLACE (city or town) (State or country) Elkridge Md

MOTHER

15. MAIDEN NAME Mary Hoffnagle

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Foster Talbott
(Address) 5009 Falls Rd. Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar 8th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. Filed 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 6th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1936 to Oct 20, 1936.

I last saw him alive on Oct 20, 1936. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris (Coronary Occlusion) — Date of onset

Other contributory causes of importance:

Arterio-Sclerosis
Hypertension

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter A Bacher M. D.

(Address) 1115 St Paul St

Spec.—0-30—A. & Co.—250 Blks.

F 33182

F 33182 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-a

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Franklin Square Hospital WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Thompson

(a) RESIDENCE NO. 1916 (Usual place of abode) Rosedale St ST., WARD

No War Record
(If non-resident give city or town and State)

length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
m	White	married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Anna C. Thompson

6 DATE OF BIRTH (month, day, and year) May 28 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer) ——— 003

(c) Name of employer Standard Feed Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John P. Thompson

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Bailey

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Anna C. Thompson
(Address) 1416 Rosedale St

15 Filed 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-7-37

17

I HEREBY CERTIFY, That I attended deceased from 2-28, 19 37, to 3-7-37, 19 37

that I last saw h[e] f[m] alive on 3-7-37, 19

and that death occurred, on the date stated above, at 4:20 a m.

The CAUSE OF DEATH* was as follows:

myocardial failure

renal (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) embolism and bronchopneumonia (duration) yrs. mos. 4 ds.

Where was disease contracted if not at place of death? ———

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Paracentesis

(Signed) W. F. Baltzell M. D.

, 19 (Address) Franklin Sq. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine

DATE OF BURIAL 3/10/1937

19 UNDERTAKER Wm Cook ADDRESS 1217 St. Paul St

TION is very important. See instructions on back of certificates.

F 33183

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33183

CERTIFICATE OF DEATH

V 137

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen'l Hosp St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr. Morris R. Robinson

(a) Residence: No. 2337 Edmondson Av. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Florence E. Robinson

6. DATE OF BIRTH (month, day, year) Sept 29, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Suits & Coating

10. Date deceased last worked at this occupation (month and year) Feb. 27, 1937

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Samuel Robinson

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Mary H. Sungare

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Florence E. Robinson (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 3/9 1937

19. UNDERTAKER Pulliam & Son (Address) 1212 Linden Ave

20. FILED ..... 19..... Registrar.

3-9-1937

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1937 to March 6, 1937

I last saw him alive on March 6, 1937 Death is said to have occurred on the date stated above, at 11 50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
Other contributory causes of importance:	
	abt

Was an operation performed? Yes Date of March 5, 1937

For what disease or injury? Prostatic hypertrophy

Name of operation Transurethral Prostatic Resection

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Jerome F. Delmar M. D.

(Address) Maryland Gen'l Hosp.

F 33184

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33184

82-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 N Charles St., 11-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harriet Ella Kremelberg

(a) Residence: No. 1007 N Charles St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about	78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME J. D. Kremelberg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Defod

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Minnie L. Hill

(Address) 1007 N Charles St

18. ~~BURIAL~~, CREMATION, OR ~~REMOVAL~~

Place London Park Cem Date March 8th 1937

19. UNDERTAKER Henry Wenkens Son Co.

(Address) Oldest. Mc Culloh St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6th 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Cerebral Apoplexy	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schenken, M. D. Coroner

(Address) 1919 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

33185

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 33185

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital St., 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lawrence Joseph Potts

If U. S. Veteran specify WAR

(a) Residence: No. 2900 Winchester St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 29, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	2	6 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

FATHER

13. NAME August Potts

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

MOTHER

15. MAIDEN NAME Mary Kavanaugh

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

17. INFORMANT Mrs. Martha Potts

(Address) 2900 Winchester

18. BURIAL, CREMATION, OR REMOVAL: Place New Cathedral Date 3-8, 1937

19. UNDERTAKER Bronning Potts Fitzpatrick & Gibbons

(Address) 2900 Eutaw Place

20. FILED Mar 8 1937 Attention for Witness

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Mar. 7, 1937.

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1937 to Mar. 7, 1937

I last saw him alive on Mar. 7, 1937. Death is said to have occurred on the date stated above, at 11 05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas	2/23/37
Other contributory causes of importance:	
	over

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Sidney Salmon M. D.

(Address) Sydenham Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 3

33186

HEALTH DEPARTMENT—CITY OF BALTIMORE

33186

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp St., 12-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Goodman

If U. S. Veteran specify WAR

(a) Residence: No. 2204 Guilford Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	w.	— yes —

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 15 mn.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. yes — paid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md. Gen. Hosp

FATHER

13. NAME James Goodman.

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Hilda Franny

16. BIRTHPLACE (city or town) (State or country) Uruguay

17. INFORMANT Hosp Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Kept as museum specimen.

19. UNDERTAKER

(Address)

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-8- , 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-5-37, 19 to 3-8-37, 19

I last saw him alive on 3-5-37, 19 Death is said to have occurred on the date stated above, at 12:38 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Anencephalus.	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation No

What test confirmed diagnosis Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [signature] M. D.

(Address) Md Gen Hosp

OCCUPATION IS VERY important. See instructions on back of certificate

VS 3

F 33187 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33187

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 Dolphin St. 17 Ward)

Registered No. 179

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Johnson

If U.S. Veteran specify WAR

(a) Residence: No. 624 Dolphin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	B.	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Artimus Johnson

6. DATE OF BIRTH (month, day, year) May 22, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Geo. Mabel

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Marquita

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Vida Davis
(Address) 624 Dolphin St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date 3-8 37

19. UNDERTAKER Chas. Alexander
(Address) 1200 McCulloh St.

20. FILED 19 Easton Maryland

MAR 8 - 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/7/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 3/1/37. 19 to 3/4/37. 19

I last saw her alive on 3/4/37. 19 . Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Peritonitis — Date of onset 3/1/37

Other contributory causes of importance:

Hemorrhage of Uterus due to previous abortion

Was an operation performed? no, Date of 6 yrs ago

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Lee Thomas M. D.

(Address) 424 Madison Ave

Deisy Ashford

F 33188

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-aF 33188

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 210 Rock St. 18-1 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorsey Ashford
If U. S. Veteran specify WAR

(a) Residence: No. 210 Rock St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	Colored	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Ashford

7. DATE OF BIRTH (month, day, year)

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Winsboro S.C.

FATHER

13. NAME Wanfield Boyd

14. BIRTHPLACE (city or town) (State or country) Winsboro S.C.

MOTHER

15. MAIDEN NAME Synea Boyd

16. BIRTHPLACE (city or town) (State or country) Winsboro S.C.

17. INFORMANT Carrie Cuff (Daughter)
(Address) 210 Rockett St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date March 8th 193

19. UNDERTAKER Elroy O Wilson
(Address) 1000 Brantley Ave

20. FILED 1937 Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5 37

22. I HEREBY CERTIFY, That I attended deceased from March 2 19 37 to March 5 19 37
I last saw her alive on March 5 19 37 Death is said to have occurred on the date stated above, at 12.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hemorrhage	March 2 1937

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Huntington Williams, M. D.

(Address) 1000 Brantley Ave

F 33189

33189 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH V 93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 139 Gwynn St., 5-1 Ward)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? 14 yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Freddy Baylin

(a) Residence: No. 139 Gwynn St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Leba Isaac

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Samuel Rubin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rudt

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Norman Baylin

(Address) 3319 Virginia Ave

18. BURIAL, CREMATION, OR REMOVAL

Place R Dedale Date 3/8/37

19. UNDERTAKER Jos. Lenglein & Son

(Address) 1439 E. Baltimore St

20. FILED ..... 19 ..... Registrar

MAR 8 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-7-37. 19

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937 to March 7, 1937

I last saw h.. alive on March 7 1937. Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron Myocarditis	2y
Other contributory causes of importance: Hypostatic Lung	1d

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm J Baylin M. D.

(Address) 204 E Lanvale

F 33190 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 33190

CERTIFICATE OF DEATH

13-3 23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2508 Madison Ave. St. Life Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

If U.S Veteran specify WAR

2. FULL NAME Laura Virginia Cooper Reed

(a) Residence: No. 2508 Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Reed

6. DATE OF BIRTH (month, day, year) May 23 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46 47	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME John E Cooper

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emma Cooper

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Annabell Tibbs

(Address) 222 N Bradford

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 3, 9, 1937

19. UNDERTAKER Mrs Chas E. Bailey

(Address) 1421 Jefferson St

20. FILED Huntington Ave Funeral Home, Md

MAR 8 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 5 1937

22. I HEREBY CERTIFY, That I attended deceased from August 1936 to March 5 1937

I last saw h.. alive on Mar. 5 1937. Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	?
Chr. Nephritis	?
Fibroid T.B.C.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Dewar Brown, M. D.

(Address) 1207 N Caroline St

F 33191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

98 ✓ F 33191

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 S. Highland Ave Ward 7)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Kazmer Michalowski

If U. S. Veteran specify WAR .....

(a) Residence: No. 1017 S. Highland Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Apolonia

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory (Bricks)

10. Date deceased last worked at this occupation (month and year) 7

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) =

MOTHER

15. MAIDEN NAME =

16. BIRTHPLACE (city or town) (State or country) =

17. INFORMANT Anthony J. Michalowski

(Address) 3321 Hudson St

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 3/9/37

19. UNDERTAKER John J. Duda

(Address) 2811 Hudson St

20. FILED Huntington Ave, Md.

MAR 8 - 1937

OCCUPATION is very important. See instructions on reverse side.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1937, to March 6, 1937

I last saw h... alive on March 6, 1937. Death is said to have occurred on the date stated above, at 4:45 p. m.

The principal cause of death and related causes of importance were as follows:

Raynaud's Disease

Pulmonary Congestion

Myocardial Insufficiency

Duration 2/8/37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Andrew Hamerman G, M. D.

(Address) 2529 Eastern Ave.

M. D. H. 1268-9

33192

HEALTH DEPARTMENT—CITY OF BALTIMORE 33192

CERTIFICATE OF DEATH

Registered No. 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. 4 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Eva M. Kuhl

(a) Residence: No. Recedo Knoll-Paradise Avenue-Catonsville Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, year) October 26th 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sister-Daughters of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. the Eucharist

10. Date deceased last worked at this occupation (month and year) Feb 1937

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Louis Kuhl

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Eva Wehr

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr Oliver Kuhl

(Address) 1907 N. Monroe St.,

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date March 9th 1937

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED MAR 8 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-6-37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said [illegible] find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[illegible]	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner, M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

F 33193

HEALTH DEPARTMENT--CITY OF BALTIMORE

F 33193

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen Hosp. St. 10-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1/4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice Bowen [BOWEN] If U. S. Veteran specify WAR

(a) Residence: No. Aberdeen Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ford Bowen

6. DATE OF BIRTH (month, day, year) Jan 3 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Aberdeen Md.

FATHER

13. NAME Jabez P Osborn

14. BIRTHPLACE (city or town) (State or country) Aberdeen Md

MOTHER

15. MAIDEN NAME Bessie M Jackson

16. BIRTHPLACE (city or town) (State or country) Aberdeen Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rock Run Date Mar 10 1937

19. UNDERTAKER Henry Darring & Sons
(Address) Aberdeen Md

20. FILED 3-8-1937 Huntington Whitmore, Registrar.

OCCUPATION IS VERY Important. See instructions on back of sheet.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-22-37, 19... to 3-7-37, 19...

I last saw her alive on 3-5-37, 19... Death is said to have occurred on the date stated above, at 12:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema left.	
Other contributory causes of importance: Pneumonia rt.	2-22-37

Was an operation performed? Yes Date of 2-23-37

For what disease or injury? Empyema

Name of operation Thoracotomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm P Le Fevre M. D.

(Address) Md Gen Hosp

Spec.—6-9-19—H. P. Co.—1000 Blks.

33194

F 33194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-a

1-PLACE OF DEATH 4210 Springdale Ave

CITY OF BALTIMORE: NO. ST. 15th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth E. Bell

(a) RESIDENCE. NO. 4210 Springdale Ave ST., 15th WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 93 yrs. 10 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Joseph Bargett Bell

6 DATE OF BIRTH (month, day, and year) May 28 1843

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	93	10	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Guernsey Co Ohio

PARENTS

10 NAME OF FATHER Thomas Johnston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs George D Strayer

(Address) 417 W 246th St New York

15 Filed ..., 19 ... Registrar

MAR 8 - 1937

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 7 1937

17 I HEREBY CERTIFY, That I attended deceased from Mar 6, 1937, to Mar 7, 1937, that I last saw her alive on Mar. 4, 1937, and that death occurred, on the date stated above, at 12.55 P. m.

The CAUSE OF DEATH* was as follows:

Broncho. pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Myocarditis; Mitral Insufficiency (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam.

(Signed) Charles E Warner, M. D.

, 19 (Address) 3312 Egerton Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Clarkson Ohio.	Mar. 9 1937
20 UNDERTAKER Jas J Fickes Sons	ADDRESS Northeast

TION is very important. See instructions on back of certificate.

F 33195 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33195

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2109 Denniston St. 15-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. 8 mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martha Emma Ware.

If U. S. Veteran specify WAR .....

(a) Residence: No. 2109 Denniston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 18, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	8	15?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 40?

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Henry Ware

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs. Mary H. Ritchey
(Address) 2109 Denniston Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar. 8, 1937

19. UNDERTAKER Wm. H. Ricker & Sons
(Address) North & Pulaski Aves.

20. FILED ..... 19.... Registrar.

MAR 8 - 1937 Livingston Milburn, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/21 1936 to 3/5 1937

I last saw her alive on 3/5 1937 Death is said to have occurred on the date stated above, at 8.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	(?)
Other contributory causes of importance: Uremia	3/1/37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) C. O. Dripps M. D.

(Address) 1326 N. Gamborel St

OCCUPATION is very important. See instructions on back of certificate.

F 33196

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33196

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 734 N. Eutaw · St., 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Della Mell

(a) Residence: No. 734 N. Eutaw St · St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Charles A. Mell

6. DATE OF BIRTH (month, day, year) April 26 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50 ~~46~~	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Chenowith

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Patty Iglehart

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Charles A. Mell

(Address) 734 N. Eutaw St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Mar 8 1937

19. UNDERTAKER 10m Tickner & Sons

(Address) North & Pa Ave.

20. FILED ..... 19 ..... Registrar

~~8-1937~~ Remains to Millsville, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May. 5, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above. 8-9. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. Nagy Coroner, M. D.

(Address) 12 Hanover

OCCUPATION is very important. See instructions on back of certificate.

V 56

F 33197

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B F 33197

1. PLACE OF DEATH Md Gen Hosp

Registered No.

CITY OF BALTIMORE: (No. 147 Augusta ave 10-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 2 mos. 11 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mr Henry J. Lange

If U. S. Veteran specify WAR

(a) Residence: No. 147 Augusta Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	W

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Anna Lange

6. DATE OF BIRTH (month, day, year) 1/6/

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75 - 1 Mo			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lunch Room Cuisine

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Theadore A. Lange

14. BIRTHPLACE (city or (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Cook

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Lottie M. Lange
(Address) 147 Augusta Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 3/9 1937

19. UNDERTAKER Rifkin Brooks & Son
(Address) Calhoun & Pratt sts

20. FILED 3 9 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5½, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/22/ 1937 to 3/5 1937

I last saw him alive on 3/5 1937. Death is said to have occurred on the date stated above, at 9:16 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	yrs.
Other contributory causes of importance: Terminal Pneumonia	
Heart Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jerome Feldman M. D.

(Address) Maryland Gen'l Hosp.

VS 3

F 33198 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107 F 33198

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2112 W Saratoga St., 20-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Shirley May Larson

(a) Residence: No. 2112 Saratoga st St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 28-1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Carl Frederick Larson

14. BIRTHPLACE (city or town) New Haven Conn
(State or country)

MOTHER

15. MAIDEN NAME Clara Edna Errington

16. BIRTHPLACE (city or town) Wadesport Va
(State or country)

17. INFORMANT Carl F Larson
(Address) 2112 Saratoga st

18. BURIAL, CREMATION, OR REMOVAL
Loudon Park Date 3/8 1937

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Baltimore

Huntington Williams, M.D.
Registrar

FILED MAR 8 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-6-1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1937, to Mar 6, 1937

I last saw h[illegible] alive on Mar 6, 19... Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	3-5-37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. Riley Hoag M. D.

(Address) 729 Cathedral Blvd.

OCCUPATION IS VERY IMPORTANT. ALL THE BLANKS ON THIS CERTIFICATE MUST BE FILLED OUT.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

33199 CERTIFICATE OF DEATH F 33199

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2045 Division St., 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine B. Colbert

(a) Residence: No. 2045 Division St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	Col	married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Aloysius Colbert

6. DATE OF BIRTH (month, day, year) Aug. 5 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
45 46	7	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year) Nov. 1935

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Elkridge, Md.

FATHER

13. NAME Thomas Butler

14. BIRTHPLACE (city or town) (State or country) Elkridge, Md.

MOTHER

15. MAIDEN NAME Victoria Jackson

16. BIRTHPLACE (city or town) (State or country) Elkridge, Md.

17. INFORMANT Aloysius Colbert

(Address) 2045 Division St.

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Am Date March 9 1937

19. UNDERTAKER Thomas E. Kelson

(Address) 1313 Pulaski St.

Huntington Williams Registrar

MAR 8 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-6- 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1936 to 3-6- 1937

I last saw h[illegible] alive on 3-5- 1937. Death is said to have occurred on the date stated above, at 3.45a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal-Vascular Disease	Nov. 1935

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George C. Page M. D.

(Address) 1616 E. Monument St.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

33200

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 33200

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 McCulloh St., 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME David Henry Jefferson

If U. S. Veteran specify WAR

(a) Residence: No. 1817 McCulloh St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Jefferson

6. DATE OF BIRTH (month, day, year) Aug 28, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	6	13 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Talbot County, Md. Balto. Md.

FATHER

13. NAME Otha Jefferson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Taylor

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lillie Mills (Address) 1817 McCulloh

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Mar 8 1937

19. UNDERTAKER Samuel McChase & Son (Address) 638 N. Gilmor

20. FILED ... 19 ... Registrar.

MAR 8 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5- 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-4- 1937 to 3-5- 1937

I last saw h.m. alive on 3-5- 1937. Death is said to have occurred on the date stated above, at 11 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	3-4-37
Other contributory causes of importance: Cerebro-sclerosis	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Geo. H. Pendeleton M. D.

(Address) 446 Nelson St

33201

F 33201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 Bradley Ave St. 25-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rev. John T. Widgeon

If U. S. Veteran specify WAR

(a) Residence: No. 1700 Bradley Ave Fairfield St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Color	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy

6. DATE OF BIRTH (month, day, year) July 28-1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister 018

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Hubbard Widgeon

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Susie Hatton

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Widgeon wife

(Address) 1700 Bradley Ave Fairfield

18. BURIAL, CREMATION, OR REMOVAL

Place Auburn Cem. Date May 8 1937

19. UNDERTAKER Mrs. Robt. D. Evert daughter

(Address) 1700 Bradley Ave

20. FILED 19 Registrar

R 5-1937 Arlington Funeral Home, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1936 to May 6 1937

I last saw him alive on May 6 1937. Death is said to have occurred on the date stated above, at 9.30 p m.

The principal cause of death and related causes of importance were as follows:

Valvular heart disease (Valvula) (Heart

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. S. Coleman, M. D.

(Address)

375241
375202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-C F 33202

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. Johns Hopkins Hospital Ward) 7-5
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Holmes
If U. S. Veteran specify WAR .....

(a) Residence: No. 1513 Millinman St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: Black
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert
6. DATE OF BIRTH (month, day, year): 10-6-94
7. AGE: Years 42 | Months 4 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H.W
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): md

FATHER
13. NAME: Edward Jones
14. BIRTHPLACE (city or town) (State or country): md

MOTHER
15. MAIDEN NAME: Mary Paulson
16. BIRTHPLACE (city or town) (State or country): md

17. INFORMANT: Records
(Address) .....

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lebanon Cem. Date 7/8/37
19. UNDERTAKER: Mrs Robert Elliott - daughter
(Address) 1129 Caroline St.

20. FILED ..... 19..... Registrar
3-10-1937 Effington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1937 to March 5, 1937
I last saw her alive on March 5, 1937 Death is said to have occurred on the date stated above, at 1245 p.m.

The principal cause of death and related causes of importance were as follows: Bronchogenic Carcinoma — Date of onset .....

Other contributory causes of importance: .....

Was an operation performed? no Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? Biopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Mitchell Frank M. D.
(Address) Johns Hopkins Hospital

33203 E 33203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. 19-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 S. Gilmor St. St. 19-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth L. Lehrer

(a) Residence: No. 320 S. Gilmor St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William F. Lehrer

6. DATE OF BIRTH (month, day, year) May 17, 1880.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Michael Hurley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT William F. Lehrer
(Address) 320 S. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date March 11, 19

19. UNDERTAKER Harry L. Antrim
(Address) 101 Edmondson Ave.

20. FILED 3-1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 19 37

22. I HEREBY CERTIFY, That I attended deceased from March 1, 19 37 to March 8, 19 37

I last saw her alive on March 6, 19 37 Death is said to have occurred on the date stated above, at 12:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
angina pectoris	
Other contributory causes of importance: cardiac paralysis	

Was an operation performed? no Date of

For what disease or injury?

Nature of operation

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John E. Sound M. D.

(Address) 2 West Read Street

VS 3

33204 F 33204

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 N. Kenwood Ave. St., 6-1 Ward)

(If death occurred in a hospital nr institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John H. F. Reth, Sr.

(a) Residence: No. 109 N. Kenwood Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widnwed, or divorced HUSBAND of (or) WIFE of Sallie V. Reth

6. DATE OF BIRTH (mnnth, day, year) Feb. 6, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	1	1	

OCCUPATION

8. Trade, profession, or particular kind nf work done, as spinner, sawyer, bookkeeper, etc. Clerical

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Credit & Collection

10. Date deceased last worked at this occupation (month and year) Nov. 3, 1936

11. Total time (years) spent in this occupatinn 35

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Reth

14. BIRTHPLACE (city or town) (State nr country) Unknown Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT Mr. Fred Reth.

(Address) 528 N. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date March 10, 1937

19. UNDERTAKER Frederick Lauchheimer

(Address) 7401 Belair Road

20. FILED 8-1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (mnnth, day, year) March 7th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 36, 19..., to Mch 7-37, 19...

I last saw h[illegible] alive on Mch 7-37, 19... Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Liver	4 yrs

Other contributory causes of importance:

none	

Was an operation performed? No Date of Dec 1 36

For what disease or injury? Carcinoma Liver

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. J. Heuisler, M. D.

(Address) 7913 E. Balto Ave

F 33205

33205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-2

E-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3330 Elmora Avenue St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Wheeler

(a) Residence: No. 3330 Elmora Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Wheeler

6. DATE OF BIRTH (month, day, year) May 23, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

FATHER

13. NAME Henry Schalch

14. BIRTHPLACE (city or town) (State or country) Unknown Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT Mr. Edward Wheeler
(Address) 3330 Elmora Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Mar. 10 19 37

19. UNDERTAKER Frederick Lasalm & Son
(Address) 7401 Belair Road

8 MR 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1937 to March 6 1937
I last saw her alive on March 6 1937 Death is said to have occurred on the date stated above, at 6:15P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of lung	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address) 800 N Patterson Park Ave.

33206 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 33206

CERTIFICATE OF DEATH

27-6 ✓ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6425 Cedonia Ave. St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Kramer

(a) Residence: No. 6425 Cedonia Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emelia Kramer

6. DATE OF BIRTH (month, day, year) March 16th, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	11	11	19

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) March, 1924

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

FATHER

13. NAME Henry Kramer

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Carrie Cole

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT Mrs. Emelia Kramer

(Address) 6425 Cedonia Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Cem. Date March 9, 1937

19. UNDERTAKER Frederick Lazarus & Sons

(Address) 7401 Belair Road

20. FILED 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5th, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1935 to March 5th, 1937

I last saw him alive on March 5th, 1937. Death is said to have occurred on the date stated above, at 8:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis,	1935
Coronic nephritis	
Other contributory causes of importance	
Myocardial insufficiency	Jan 1937

Was an operation performed? Yes Date of May 14, 1935

For what disease or injury? Prostatic gland removed. (Cancer)

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) E. A. Benson, M. D.

(Address) 1 W. Oxford

M. D. B. 1268-9

F 33207

33207 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5709 Belair Rd., Balto., Md. St., 26th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Burns

(a) Residence: No. 5709 Belair Rd., Balto., Md. St., 26th Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Aug. 5, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
58	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In her own home

10. Date deceased last worked at this occupation (month and year) Jan. 30, 1937

11. Total time (years) spent in this occupation 45yrs

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Henry Burns

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Mitchell

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Miss Josephine Burns

(Address) 5709 Belair Rd., Balto., Md.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 3/9/37 19

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1736 Harford Ave.

20. FILED MAR 8 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30th, 1937 to March 5, 1937

I last saw her alive on March 5, 1937. Death is said to have occurred on the date stated above, at 8:40P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage, left side	Jan. 30th 1937

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. L. Wilkinson M. D.

A. L. Wilkinson

(Address) 5713 Belair Rd., Balto., Md.

M. D. B. 1268-9

F 33208

33208 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 Light St., 23-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mollie K. Silber

(a) Residence: No. 1622 Light St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Silber

6. DATE OF BIRTH (month, day, year) Aug. 4, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George A. Weigel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Bachmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John H. Silber (Son)
(Address) 1726 Light St.

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Cemetery Date March 9, 1937

19. UNDERTAKER A. Howard Evans
1780 St. Paul St.

20. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1937, to Mar. 5, 1937

I last saw her alive on Mar. 5, 1937. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation (Indefinite)	
Other contributory causes of importance:	
Acute dilatation of heart	3/5/37

Name of operation None Date of

What test confirmed diagnosis Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

3/6/37 (Signed) H. E. Pamplin, M. D.
(Address) 1644 Hanover St

F 33209

33209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 7

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Lyndenhurst Hospital St. 6-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Isaac Stevens

(a) Residence: No. 228-N. Bethel St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 13, 1927.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Middle River Md.

FATHER

13. NAME Levi Wilson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Jennie Stevens

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Jennie Stevens
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Date March 8, 1937

19. UNDERTAKER Edw Bryan & Co
(Address) 1941 Orleans St

20. FILED , 19 Registrar.

8 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1937 to Mar. 5, 1937

I last saw him alive on Mar. 5, 1937. Death is said to have occurred on the date stated above, at 6:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Measles	3/2/37
Bronchopneumonia	3/22/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sidney Selman M. D.

(Address) Lyndenhurst Hospital

33210 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 33210

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenham Hospital St. 24-3 Ward) 18

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 7 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Regina Ringer

If U. S. Veteran specify WAR

(a) Residence: No. 207 - E. Hamburg St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 26, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	4	8 10.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Albert Ringer

14. BIRTHPLACE (city or town) Pittsburg (State or country) Pa.

MOTHER

15. MAIDEN NAME Regina Lovallow

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Lyndenham Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem. Date 3/9 19 37

19. UNDERTAKER Margaret G. Flynn

(Address) 1422 Lydenham

20. FILED 8-1937 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 4, 1937 to Mar. 6, 1937

I last saw h[illegible] alive on Mar. 6, 1937. Death is said to have occurred on the date stated above, at 10.04 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	3/3/37.
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sidney Zelman M. D.

(Address) Lyndenham Hospital

VS 3

33211 F 33211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87 B 21190

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Andrew Richardson

(a) Residence: No. 435? Morris Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond, Va.

FATHER

13. NAME Howard Richardson

14. BIRTHPLACE (city or town) (State or country) Richmond, Va.

MOTHER

15. MAIDEN NAME Lavinia Beverly

16. BIRTHPLACE (city or town) (State or country) Richmond, Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL MAR 8 - 1937 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED ..... 19..... Registrar.

8-1937 30521

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-17 1937 to 3-5 1937

I last saw him alive on 3-5 1937 Death is said to have occurred on the date stated above, at 10:40 A m.

The principal cause of death and related causes of importance were as follows:

	Duration
Bronchopneumonia (Primary)	3 wks
Other contributory causes of importance: Pleural Thrombosis	unk
Cardiac Insufficiency	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Wm. L. Rainey M. D.

(Address) Baltimore City Hospital

M. D. B 1268-9

F 33212

33212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 S Bimney St., 1-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Benjamin Turner

(a) Residence: No. 911 S Bimney st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Turner

6. DATE OF BIRTH (month, day, year) Dec 5 61

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
75	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Turner

14. BIRTHPLACE (city or town) (State or country) Balto md.

MOTHER

15. MAIDEN NAME Catherine Lichner

16. BIRTHPLACE (city or town) (State or country) Balto md.

17. INFORMANT Mrs. Minnie Turner

(Address) 911 S Bimney

18. BURIAL, CREMATION, OR REMOVAL

Place St. Paul Cem. Date Mar 8. 1937

19. UNDERTAKER Fr Thos J Frathowski

(Address) 1001 S. Kenwood Ave

20. Filed ..... 19 ..... Registrar.

8-1937.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 6 . 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma J Jaw	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schleicher Coroner M. D.

(Address) 1912 E. North ave

33213 F 33213

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 21464

34 -107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp s. St. 19-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 years yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME James Donovan

If U. S. Veteran specify WAR .....

(a) Residence: No. 1417 W. Fayette St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Fannie

6. DATE OF BIRTH (month, day, year) 3-15-1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick Layer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Europe

FATHER

13. NAME Un.

14. BIRTHPLACE (city or town) (State or country) Un.

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 3- 9 - 1937

19. UNDERTAKER J. J. Fahey & Son

(Address) 1315 Light St

20. FILED 3-8-1937 Clinton Williams, Registrar

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-2 1937

22. I HEREBY CERTIFY That I attended deceased from 2-27 1937 to 3-2 1937

I last saw him alive on 3-2 1937 Death is said to have occurred on the date stated above, at 6.53 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
a. Bronchopneumonia (Primary)	1 7 days
Other contributory causes of importance:	

over

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Wm. L. Kamer M.D.

(Address) Baltimore City Hospitals

F 33214

33214

HEALTH DEPARTMENT—CITY OF BALTIMORE

21484

82-a

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Jablonski

(a) Residence: No. 3038 Boston St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Unknown About 60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Un. 0087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Un.

FATHER

13. NAME Un.

14. BIRTHPLACE (city or town) (State or country) Un.

MOTHER

15. MAIDEN NAME Un.

16. BIRTHPLACE (city or town) (State or country) Un.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 3-9 1937

19. UNDERTAKER J. L. Frakes & Sons
(Address) 1518 Light St

FILED 3-8-1937 [illegible] for Veterans Affairs

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-2 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-28 1937 to 3-2 1937

I last saw him alive on 3-2 1937 Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Cerebral Hemorrhage	3 days
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John L. Rigney M. D.

(Address) Baltimore City Hospitals

VS 3

F 33215

33215 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 17340 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 6-2 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frances, Powder

(a) Residence: No. 19, N. Port St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Leo

6. DATE OF BIRTH (month, day, year) 10-4-1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 00 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Kuhbach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Geldenbach

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cem Date Nov. 9 1937

19. UNDERTAKER Lilly & Zeiler (NC.
(Address) 403 S. Wolfe St.

20. F[illegible] 19 Registrar.

9-1937 Washington Millspaugh, MD
14

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 3-6 , 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-22 1936 to 3-6 1937

I last saw her alive on 3-6 1937 Death is said to have occurred on the date stated above, at 4:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Unknown
Other contributory causes of importance: Tuberculosis of Spine	9 Mos.

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-Ray Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) F. T. Carpenter M. D.

(Address) Balto. City Hosp.

F 33216

33216 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby (Boy) Binko

If U.S. Veteran specify WAR ....

(a) Residence: No. 625 S. Streeper St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Michael Binko

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Caroline Baier

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Michael Binko
(Address) 625 S. Streeper St

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Mar 8 37

19. UNDERTAKER Lilly & Zellerbach
(Address)

8-1937 Huntington Williams, N.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6 . 1937

22. I HEREBY CERTIFY, That I attended deceased from March 6 11:45 1937 to March 6 - . 1937

I last saw him alive on March 6 . 1937. Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) DM Dibaud M. D.

(Address) Bon Secours Hospital

F 33217

33217 HEALTH DEPARTMENT—CITY OF BALTIMORE #21527

CERTIFICATE OF DEATH

95-13

Registered No. 4-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Howard Jenkins

(a) Residence: No. Inasmuch Mission 604 W. Saratoga St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/19/1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Woodbine, Carroll Co. Md.

FATHER

13. NAME Nicholas

14. BIRTHPLACE (city or town) (State or country) Carroll Co., Md.

MOTHER

15. MAIDEN NAME Mary Virginia Ways

16. BIRTHPLACE (city or town) (State or country) Carroll Co., Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL MAR 8 - 1937 19

19. UNDERTAKER Commissioner of Health
(Address) For H. A. Kemp

20. FILED 8 - 1937 Assistant Registrar 3053 17

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5-1937

22. I HEREBY CERTIFY, That I attended deceased from 3-2-1937 to 3-5-1937

I last saw him alive on 3-5-1937 Death is said to have occurred on the date stated above, at 3:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Bronchopneumonia (Primary)	4 days
Other contributory causes of importance: Arteriosclerotic Heart Dis.	4-5 yrs.

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John L. Ramsey M. D.

(Address) Baltimore City Hospitals

33218 ✓ F 33218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2407-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 3-1 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nancy White

If U. S. Veteran specify WAR .....

(a) Residence: No. 319 S. Spring Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Harry White

6. DATE OF BIRTH (month, day, year) 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... no 37

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME McQuire Chase

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lest Hill

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 8 - 1937, 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED ..... 19 ..... Registrar
1937 # 3056 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2 - 16, 1937 to 2 - 24, 1937

I last saw her alive on 2 - 27, 1935. Death is said to have occurred on the date stated above, at 12:05 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, Suicide, or Homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) C. G. Brantigan, M. D.

(Address) Baltimore City Hosp.

M. D. B 1268-9

✓ F 33219

33219 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

109

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 Asbury St. Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME James Lightner

If U. S. Veteran specify WAR .....

(a) Residence: No. 512 Asbury Court St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Alice Coombs

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 8 - 1937, 19

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED 8 - 1937 19 3054 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) and that said deceased came to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas Lenz M. D.

Coroner

(Address) 1215 Hanover

OCCUPATION IS VERY important. See instructions on back of certificate.

V F 33220

33220 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 S. Fulton St., 19-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Stephen H. Cureton

(a) Residence: No. 221 S. Fulton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb. 20, 1937

7. AGE Years	Months	Days	If LESS than 1 day, 4 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John M. Cureton

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Elsie Washington

16. BIRTHPLACE (city or town) (State or country) Lynchburg Va

17. INFORMANT Mrs Elsie Cureton

(Address) 221 S. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 8 - 1937 19

19. UNDERTAKER Commissioner of Health

(Address) For H. A. Moore

20. Filed ... 19 ... Registrar

8 - 1937

3055

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20 . 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above. 2. P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	Feb 20-37

Other contributory causes of importance: Unknown

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos H Phillips Coroner . M. D.

(Address) 1939 Edgewood Ave

OCCUPATION is very important. See instructions on back of certificate.

V S 6

✓ F 33221

33221 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

186-a

Registered No. 125-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3300 Hawkins Point Rd St., Ward)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Aloysius Proctor.(c)

(a) Residence: No. 3300 Hawkins Point Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~X(c) WIFE of~~ Lula Proctor(c)

6. DATE OF BIRTH (month, day, year) March 19, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

FATHER

13. NAME John E. Proctor.(c)

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

MOTHER

15. MAIDEN NAME Sarah Ann. -------

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

17. INFORMANT Lula Proctor.(c) wife.
(Address) 3300 Hawkins Point Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date 3/9 19 37

19. UNDERTAKER Joseph L. Locke Jr.
(Address) 1202 Jefferson St.

Filed 8-1937 Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1937 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held autopsy & inquest and from the evidence obtained by (Inquest, Autopsy or Inquiry) autopsy & inquest (Inquest, Autopsy or Inquiry) that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the skull. Struck and knocked down.	
Meningitis from Fracture of the Skull	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquest Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? probably Accident Date of injury 2/27/37 19

Where did injury occur? In front of 5626 Pennington Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Fell against Curb

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

3/8/37 (Signed) Wm. McAneny, M. D. Coroner

(Address) 1017 S. Charles St.

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. H. 1268-9

33222

HEALTH DEPARTMENT—CITY OF BALTIMORE

33222

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers Amer. Hospital Ward) 3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Harris Davis

(a) Residence: No. 104 Birkhead Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Davis

6. DATE OF BIRTH (month, day, year) August - 1870

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
66	6	5	26

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chemistry

10. Date deceased last worked at this occupation (month and year) Sept. 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME George W. Davis

14. BIRTHPLACE (city or town) Virginia (State or country)

MOTHER

15. MAIDEN NAME - - - Goode

16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT Wm. E. Davis

(Address) 104 Birkhead Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date 3/10 37

19. UNDERTAKER Elizabeth Hart Fine

(Address) 115 E. West St.

3-1937 FILED ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 - 7 , 1937

22. I HEREBY CERTIFY, That I attended deceased from 2 - 24 , 1937 to 3 - 7 , 1937

I last saw him alive on 3 - 7 , 1937 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Carcinoma	2 yr

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) A. J. Compan , M. D.

(Address) Vol. Hosp

33223 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 F 33223

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Union Memorial Hospital St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Catherine Hooper Taylor

If U. S. Veteran specify WAR .....

(a) Residence: No. Guilford Apts. City St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 1, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Georgetown, D.C. (State or country)

FATHER

13. NAME Mr. Francis M. Hooper

14. BIRTHPLACE (city or town) Georgetown (State or country) D. C.

MOTHER

15. MAIDEN NAME Miss Catherine P. Hooper

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Mrs. William D. Garrett (Address) 1211 Guilford Ave., City.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Mch 9, 1937

19. UNDERTAKER John Mitchell & Sons (Address) 1700 Eutaw Place

20. FILED Mar 8 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 4, 1937, to Mar. 7, 1937.

I last saw h.E. alive on Mar. 7, 1937. Death is said to have occurred on the date stated above, at 11:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Right	Mar 4, 37
Other contributory causes of importance:	

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert H. Sieve M. D.

(Address) Union Memorial Hospital

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33224

CERTIFICATE OF DEATH

F 33224

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Earl Court Apts. St. 11-150 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME May Murray

If U. S. Veteran specify WAR

(a) Residence: No. Earl Court Apts. St., Paul & Preston Sts. St., Ward.
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----

6. DATE OF BIRTH (month, day, year) April 7, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME Robert Murray

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Mary L. Vanwart

16. BIRTHPLACE (city or town) (State or country) N. Y. N. Y.

17. INFORMANT Mrs. Emily A. Piercy

(Address) Earl Court Apts.

18. BURIAL, CREMATION, OR REMOVAL Place Pisgatawaytown, N.J. Date 3/9/37

19. UNDERTAKER John Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED 3-9-1937 Washington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/6/37

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1936 to March 6th 1937

I last saw her alive on March 6th 1937 Death is said to have occurred on the date stated above, at 12 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast, Jaundice	1936
Other contributory causes of importance: a	

Was an operation performed? a Date of -

For what disease or injury? -

Name of operation -

What test confirmed diagnosis? Biopsy Was there an autopsy? a

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) J. A. Chatard, M. D.

(Address) 1300 N. Calvert St.

✓ F 33225

33225 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

× 52

1. PLACE OF DEATH St. Agnes Hospital — Registered No. .....
CITY OF BALTIMORE: (No. Wilkens & Caton aves. St. 25-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 4 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mae Wallace McCastline — If U.S. Veteran specify WAR .....

(a) Residence: No. 210 W. Barden ave., Syracuse N. Y. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Newspaper Writer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1087
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Wright McCastline
14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Minnie Baton
16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Hospital Record
(Address) St. Agnes Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Syracuse N.Y. Date March 8, 1937

19. UNDERTAKER Martin Parker & Sons
(Address) 1827 E. North Ave.

20. FILED ..... 19 ..... Registrar

8 - 1937 #

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1936, to March 6, 1937. I last saw her alive on March 6, 1937. Death is said to have occurred on the date stated above, at 8 29 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of face	
Other contributory causes of importance: Bronchopneumonia	

Was an operation performed? yes Date of Oct. 29, 1936 12-1-36 12-29-36
For what disease or injury? Ca of face

What test confirmed diagnosis? Clin. Path. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. W. Williamson, M. D.
(Address) St. Agnes Hosp.

✓ F 33226

33226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 S Ellwood ave 1-1 Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bridget Gleeley

If U.S. Veteran specify WAR .....

(a) Residence: No. 1101 S. Ellwood ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Bernard J. Gleeley

6. DATE OF BIRTH (month, day, year) Mar 7 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James Gleeley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Kathryn Nolan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Winifred Gleeley
(Address) 1101 S Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 3/9 1937

19. UNDERTAKER J. J. Nolan
(Address) 3000 E. Baltimore St.

20. FILED 8-1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/5 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 2 1936 to Mar 5 1937.

That saw her alive on Mar 5 1937. Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Disease	Year 1936
Chronic Myocarditis	Apr 6 1936
Cerebral Embolism	Mar 5 1937
Myocardial Failure	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? None If so, specify .....

(Signed) Emmanuel A. Schumeck M. D.

(Address) 842 S. Eutaw

F 33227

33227 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

161-a

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St. 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs...mos...ds. How long in U. S. If of foreign birth? ...yrs...mos...ds. 2 minutes.

If U. S. Veteran (Specify WAR

2. FULL NAME Baby Cole. 215 Tyrone Pl

(a) Residence: No. Mercy Hospital St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Baby.

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-7-37

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Arthur Lebert Cole.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Ruth Elizabeth Flynn.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mercy Hospital Records
(Address) Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Loud Ridge Cem. Date Mar. 9, 1937

19. UNDERTAKER Henry W. Meamelon
(Address) 615 N. Calvert St

20. FILED ..., 19... Registrar.

3-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-7-, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-7-37, 1937 to 3-7-, 1937

I last saw h. alive on 3-7-37, 1937. Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
atelectasis	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
...If so, specify...

(Signed) Walter H. Burns, M. D.

(Address) Mercy Hospital

33228 ✓ F 33228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH German Aged Home 18-4 Registered No.
CITY OF BALTIMORE: (No. Alto Ave. & Croughton Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Kaufman If U.S. Veteran specify WAR

(a) Residence: No. German Aged Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single
3a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): June 18 1862
7. AGE: Years 74 | Months 8 | Days 15 | If LESS than 1 day, hrs. or min. 19

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER
13. NAME August F. Kaufman
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Christine Bordel
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records German Aged Home
(Address) Alto Ave & Croughton

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date Mar. 9th 1937

19. UNDERTAKER Joseph B. Cook
(Address) 1002 E. Baltimore St.

20. FILED Mar 8 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7th 1937

22. I HEREBY CERTIFY, That I attended deceased from Mch. 1/37 19 to Mch. 7/37. 19
I last saw her alive on Mch. 6/37. 19 Death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Chronic Paranchymatous Nephritis. — Unknown.

Other contributory causes of importance:

Unknown.

Chronic Arterio-Sclerosis

Was an operation performed? None Date of

For what disease or injury?

What test confirmed diagnosis? Urine Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If yes, specify

Signed Henry Kaufmann M. D.
(Address) 937 Hanover st.

33229 F 33229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 Wilkens St., 20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Lucy L Moore

If U. S. Veteran specify WAR .....

(a) Residence: No. 2001 Wilkens St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) May 7 1853

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
83	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME John Moore

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Heckerman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Annie Moore

(Address) 2001 Wilkens

18. BURIAL, CREMATION, OR REMOVAL

St Marys Towns 2/9 1937

19. UNDERTAKER Geo A Fuhrman

(Address) Baltimore Maryland

20. FILED ..... 19... Registrar .....

2-8-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1937, to March 7, 1937

I last saw him alive on March 6, 1937. Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	
Senility Myocarditis	
Chronic Interstitial Nephritis	
Other contributory causes of importance: Influenza Ordered	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Norbert A Nikely, M. D.

(Address) 2161 Wilkens Ave

33230 **HEALTH DEPARTMENT--CITY OF BALTIMORE** F 33230

CERTIFICATE OF DEATH

23.

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. Registered No. 25-2

CITY OF BALTIMORE: (No. ..... St. ..... Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles D. Shoemaker If U. S. Veteran specify WAR WW

(a) Residence: No. 4404 Maine Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Addis Shoemaker

6. DATE OF BIRTH (month, day, year) October 10, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hardware Co.

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Forty-Fort Penna.

FATHER

13. NAME Frederick M. Shoemaker

14. BIRTHPLACE (city or town) (State or country) Forty Fort Penna.

MOTHER

15. MAIDEN NAME Caroline Shoemaker.

16. BIRTHPLACE (city or town) (State or country) Forty Fort Pa.

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Arlington Cem. Date MAR 10 1937

19. UNDERTAKER Sam McCurdy
(Address) 2700 Edmondson Ave.

20. FILED ..... 19..... Registrar.

8-1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1937 to March 7, 1937

I last saw him alive on March 7, 1937. Death is said to have occurred on the date stated above, at 1:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, bilateral	1 yr.
Pneumonia, lobar, left	2 wks.

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? PM Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) T. M. H. Anderson M. D.

(Address) U.S. Marine Hospital, Baltimore, Md.

F 33231

33231

HEALTH DEPARTMENT—CITY OF BALTIMORE #17021

CERTIFICATE OF DEATH

82-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 7-th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Vet. specify WAR No Record.

2. FULL NAME Anna Hunt

(a) Residence: No. 1640 Abbott St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clemont Hunt

6. DATE OF BIRTH (month, day, year) 6/16/1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Schiminger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Engleman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 3/11/1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St.

20. FILED 8 1931 Huntington Williamson, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-8 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-9 1936 to 3-8 1937

I last saw her alive on 3-8 1937 Death is said to have occurred on the date stated above, at 12 05 Am.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 9-8-37

Other contributory causes of importance:

Cerebral Hemorrhage — 9-8-36

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Rooney M. D.

(Address) Baltimore City Hospitals

VS 3

33232

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33232

CERTIFICATE OF DEATH

X 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. W-2nd Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. 7 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Kenneth Ritter

(a) Residence: No. Dorsey a. a. Co. Md., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 21st 1927

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
9	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scholar

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School

10. Date deceased last worked this occupation (month and year) 2/1/37

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Herbert A. Ritter

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Anna C. Labarre

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Herbert C. Ritter

(Address) Dorsey Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Mar 10th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILE 8-1937 Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1 1937 to March 8 1937.

I last saw him alive on March 8, 1937: Death is said to have occurred on the date stated above, at 12:30 A.m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage - (Secondary) Interstital art. left Lung — Date of onset 8-8-37. acute

Other contributory causes of importance: Empyema (left)

Was an operation performed? Yes; Date of 2-11-37.

For what disease or injury? Empyema - left chest.

What test confirmed diagnosis? Xray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward Cotter M. D.

(Address) University Hospital

33233

✓ F 33233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1723 Rutland ave St. 8-6 Ward)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

If U. S. Vet. specify WA[illegible] No Record

2. FULL NAME Annie E. Angel

(a) Residence: No. 1723 Rutland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Albert E. Angel

6. DATE OF BIRTH (month, day, year) Sept 6th 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

FATHER

13. NAME Ephraim Harner

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Eliza (Unknown)

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Charles E. Angel

(Address) 1723 Rutland ave

18. BURIAL, CREMATION, OR REMOVAL

Place Leitha town Pa. Date Mar 9th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED [illegible] Williams, M.D.

8-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31 1937 to Mar 6 1937

I last saw h[illegible] alive on Mar. 6 1937. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	Jan/37
Other contributory causes of importance:	
acute Pulmonary Oedema	Mar 6/37

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) A. F. Lee, M. D.

(Address) 24 W Mosy

F 33234

33234 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

X 131

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.
CITY OF BALTIMORE: (No.....St.,.....Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos. 21 ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Hugh Andrews

If U. S. Veteran specify WAR —

(a) Residence: No. 6316 Greenway Ave., West Phila. St., Pa. 17 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Haas Andrews

6. DATE OF BIRTH (month, day, year) March 10, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman 062

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman (Engr. Corps)

10. Date deceased last worked at this occupation (month and year) 2-18-37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Philadelphia
(State or country) Penna.

FATHER

13. NAME William Andrews

14. BIRTHPLACE (city or town) West Phila.
(State or country) Pa.

MOTHER

15. MAIDEN NAME Elizabeth Finley

16. BIRTHPLACE (city or town) Delaware Co.
(State or country) Pa.

17. INFORMANT Records, U. S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Philadelphia, Pa. Date May 1 1937

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED MAY 1 - 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 15, 1937 to March 8, 1937

I last saw him alive on March 8, 1937 Death is said to have occurred on the date stated above, at 10:05 m. AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiorenalvascular disease	Unknown
Arteriosclerosis, general	"
Gangrene, left foot	"

Other contributory causes of importance:

Was an operation performed? yes Date of 2-18-37

For what disease or injury? Gangrene left foot

Name of operation Amputation left thigh

What test confirmed diagnosis? Clin. find. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) T. M. H. Anderson M. D.

(Address) U. S. Marine Hospital
Baltimore, Md.

F 33235

F 33235 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1818 N. Washington St Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James N. Kelly

If U.S. Vet. specify WAR No Record

(a) Residence: No. 1818 N. Washington St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

5a. If married, ~~widowed~~ or ~~divorced~~: HUSBAND of ~~WIFE~~ of Elva Kelly

6. DATE OF BIRTH (month, day, year): Aug 3rd 1894

7. AGE: Years 42 | Months 7 | Days 5 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Marine Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: U.S Govt

10. Date deceased last worked at this occupation (month and year): 1932

11. Total time (years) spent in this occupation: 24

12. BIRTHPLACE (city or town) (State or country): Solomons Island Md

FATHER

13. NAME: James F. Kelly

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Florence Hostkam

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Elva Kelly 1818 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL: Solomons Md Cemetery 3/10/1937

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St

20. FILED ... 19 ... Registrar

MAR 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 8th 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 26 1937 to Mar 8 1937

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

Tuberculos Meningitis — Date of onset

Other contributory causes of importance:

Tuberculos Kidneys

Was an operation performed? ... Date of ...

For what disease or injury? ...

Cystoscopic & Pylogram

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Frohn M. D.

(Address) 1823 N. Wash St

OCCUPATION is very important. See instructions on back of certificate.

F 33236

F 33236 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 Washington Blvd St., 21-X Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR No Record

2. FULL NAME Elizabeth M. Shawker

(a) Residence: No. 1411 Washington Blvd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~ Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of John Shawker

6. DATE OF BIRTH (month, day, year) Sept 17th 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME August Bensler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George H. Zobet

(Address) 1411 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Mar 9th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

RECEIVED ..... 19 ..... Registrar

MAR 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 6th 1937

22. I HEREBY CERTIFY, That I attended deceased from October 1936 to March 6 1937

I last saw her alive on March 6 1937 Death is said to have occurred on the date stated above, at 10 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
cerebral thrombosis	3/1/37
Hypertension	?
cerebral arteriosclerosis	?

Other contributory causes of importance:

generalized arteriosclerosis	?

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert L. Glaas M. D.

(Address) 876 Washington Blvd.

Spec.—9-30—A. & Co.—250 Blks

Margaret Lollie Elliott

F 33237

F 33237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-C

1-PLACE OF DEATH

REGISTERED NO. 27-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 3103 Northern Parkway ST. WARD

2-FULL NAME Margaret Lollie Elliott

(a) RESIDENCE NO. 3103 Northern Parkway ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of (Late) Chas. E. Elliott

6 DATE OF BIRTH (month, day, and year) Apr. 16 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home wife (retired)

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Kent Co. Maryland

PARENTS

10 NAME OF FATHER Samuel D. Lollie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kent Co. Maryland

12 MAIDEN NAME OF MOTHER Catherine Lomax

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kent Co. Maryland

14 Informant Mrs. Nelson Walker (Address) Chestertown Md.

15 Filed 3-9-1937 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8th 1937

17

I HEREBY CERTIFY, That I attended deceased from Jan 12th, 1937, to March 8th, 1937,

that I last saw h alive on March 8th, 1937

and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) General Arterio-Sclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) L. L. Gordy. M. D.

3-9-1937 (Address) 5106 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Chester Lawn (Chestertown) — DATE OF BURIAL: 3/11 1937

20 UNDERTAKER: Warwick L. Williams — ADDRESS: Chestertown Md.

33238

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 33238

192-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 Etting St St., 17-2nd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie Scott

If U.S. Veteran specify WAR ....

(a) Residence: No. 1317 Etting St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
F.	C.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles Co Md.

FATHER

13. NAME William Hill

14. BIRTHPLACE (city or town) (State or country) Charles Co md

MOTHER

15. MAIDEN NAME Emly Dyson

16. BIRTHPLACE (city or town) (State or country) Charles Co md

17. INFORMANT James Bias

(Address) 1317 Etting St

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Mem Date 3/9/ 1937

19. UNDERTAKER Mrs. Frances A. Hemsley

(Address) 578 W. Biddle St

20. FILED 9-1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1936 to March 6 1937

I last saw her alive on March 6 1937. Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	Mch 6

Other contributory causes of importance:

Myocarditis	?
Ch Tubulor Heart Disease	?

Was an operation performed? no Date of ....

For what disease or injury? ....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Le Roy Wright, M. D.

(Address) 117 N Sarratoga St

33239

HEALTH DEPARTMENT—CITY OF BALTIMORE

33239

CERTIFICATE OF DEATH

131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 Etting St. St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rebecca Jolly

If U.S. Veteran specify WAR .....

(a) Residence: No. 1216 Etting St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Jolly

6. DATE OF BIRTH (month, day, year) March 20 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Gross

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Charles Jolly

(Address) 1216 Etting St.

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem Date 3/10/ 1937

19. UNDERTAKER Mrs. Frances P. Hemsley

(Address) 3782 W. Baltimore St

Huntington Avenue

20. FILED ..... Registrar.

MAR 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/7 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1936 to Mch 7 1937

I last saw her alive on Mch 6 1937. Death is said to have occurred on the date stated above, at 5:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular renal Disease	1936

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. S. McCard M. D.

(Address) 2029 Druid Hill Ave

F 33240

33240 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-E

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Sidewalk, Fatal & Highland Aves. Registered No. .....
CITY OF BALTIMORE: (No.) Presumed dead at Eastern Ave. Hos. St. 10-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Burkhardt Gardner If U. S. Veteran specify WAR .....

(a) Residence: No. 1200 Valley St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner of home of Little Sisters of Poor

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Michael

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Susan Scheer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sister Pauline (Little Sisters of Poor)
(Address) 1200 Valley St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Mar 9. 1937

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Gramercy Court

20. FILED ..... 19 ..... Registrar

MAR 9 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence
(Inquest, Autopsy, or Inquiry)
obtained by said ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W. M. Wright Coroner, M. D.

(Address) 1000 S. Elliott Ave

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

V S 6

33241 F 33241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 N. Caroline St., 7-E Ward)

Registered No. V131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Racheal Anderson

(a) Residence: No. 823 N. Caroline St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
f	c	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Anderson

6. DATE OF BIRTH (month, day, year) 5-9-1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Martha O'Day

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

17. INFORMANT Lenora Anderson

(Address) 823 N. Caroline

18. BURIAL, CREMATION, OR REMOVAL

Place Dagsthy a/k/a not Date March 9, 1937

19. UNDERTAKER Robert Williams

(Address) 15-15 McElderry St

20. FILED 19 ..... Registrar

MAR 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/25, 1937 to 3/5, 1937

I last saw her alive on 3/5, 1937 Death is said to have occurred on the date stated above, at 9:25 m. p.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(uremia)	
Chr. Interstitial Nephritis	2/27/37
Other contributory causes of importance:	
Arterio-sclerosis	?

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Rayner Thorpe, M.D.

(Address) 1500 E. Madison St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33242

CERTIFICATE OF DEATH

93-CF 33242

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3622 Glen ave. St., 7-20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 37 yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Baer Gimbel

If U.S. Veteran specify WAR .....

(a) Residence: No. 3622 Glen ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Mendel Gimbel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ida

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sarah

(Address) 3622 Glen ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md. Date 3/9/37

19. UNDERTAKER Jack Levin Jr.

(Address) 1434 E. Baltimore St.

20. FILED MAR 9 - 1937 Huntington Williams Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/8/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1936, to Mar 8, 1937

I last saw him alive on Mar 8, 1937. Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1 mo
	ward
Other contributory causes of importance: Acute Cardiac Dilatation	Mar 7, 37
Pulmonary Edema	" 7

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. Harry Glassman M. D.

(Address) 153 W. Lafayette St.

M. D. B. 1268-9

F 33243 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33243

CERTIFICATE OF DEATH

Registered No. 14-1948

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 322 Bruce St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Susie Mitchell

(a) Residence: No. 322 W. Bruce St., St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fred Mitchell

6. DATE OF BIRTH (month, day, year) May 8, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	49	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grove Creek S. C.

FATHER

13. NAME John Watson

14. BIRTHPLACE (city or town) (State or country) Grove Creek S. C.

MOTHER

15. MAIDEN NAME Annie Bryant

16. BIRTHPLACE (city or town) (State or country) Greenville S. C.

17. INFORMANT Fred Mitchell

(Address) 322 W. Bruce St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Mar 10, 1937

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 W Lexington St Huntington Pallbearers

Registered MAR 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6th 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20th 1937 to March 6th 1937

I last saw h... alive on March 6th 1937. Death is said to have occurred on the date stated above, at 1.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	March 4/37
Endocarditis	7 days

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. N. Lauerbach M. D.

(Address) 322 W. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 33244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B F 33244

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1242 W. Lombard St. St. 183 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Lawrence Stock

(a) Residence: No. 1242 W. Lombard St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cunegunda A. Stock

6. DATE OF BIRTH (month, day, year) Jan 9th, 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oil Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Phillip Stock

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Richter

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Stock
(Address) 1242 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 3/9/37 19

19. UNDERTAKER Frederick A. Cole
(Address) 206 W. Fayette Baltimore, Md.

FILED MAR 9 1937 19

Registrar.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1936, to March 6, 1937

I last saw h... alive on March 1, 1937. Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Disease of Heart	?
Other contributory causes of importance: Senile Marasmus	2 yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) F. J. Norwood, M. D.

(Address) 939 W Fayette

939 W Fayette

F 33245 19753

33245

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 10-2 Ward) 14

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Martha Linier

(a) Residence: No. 816 Barnes St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married (sep.)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Raymond

6. DATE OF BIRTH (month, day, year) 3/22/05

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
31	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. odd jobs 0090

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Geo. Washington

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 9 - 1937

19. UNDERTAKER Commissioner of Health
(Address)

Per H. A. Moore

20. FILED 1937 H. E. for Wilmer M.D.

3029

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-3 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-26 1937 to 3-3 1937

I last saw h alive on 3-3 1937 Death is said to have occurred on the date stated above, at 1058 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute myocarditis, Thrombotic gangrene of lower leg	? 4wk.

Other contributory causes of importance:

Was an operation performed? yes Date of 2-20-37

For what disease or injury? gangrene leg

Name of operation mid thigh amputation

What test confirmed diagnosis? Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) H. Moore M. D.

(Address) Balt. City Hosp.

F 33246

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33246

CERTIFICATE OF DEATH

1,08 21220

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 18-1 Ward)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florence Carry

If U. S. Veteran specify WAR .....

(a) Residence: No. 923 Vine Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Carry

6. DATE OF BIRTH (month, day, year) 2-22-1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	√	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Wm. Stewart

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Jennie ?

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 9 - 1937, 19

19. UNDERTAKER Commissioner of Health
(Address)
Per H. A. Moore

20. FILED MAR 9 1937, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 - 3 , 1937

22. I HEREBY CERTIFY, That I attended deceased from 2 - 18 , 1937 to 3 - 3 , 1937

I last saw h[illegible] alive on 3 - 3 , 1937 Death is said to have occurred on the date stated above, at 7:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3 days
Other contributory causes of importance Secondary Anemia	unk

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Carey M. D.

(Address) Baltimore Md. Hospital

V83 1937 [illegible] 3000 Price, MD

33247 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 33247

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Madeline Reynolds

If U.S. Veteran specify WAR

(a) Residence: No. 224 Myrtle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Negro

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Clyde Benjamin Reynolds

6. DATE OF BIRTH (month, day, year): Feb. 14, 1910

7. AGE: Years 27 | Months — | Days 22 | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home

10. Date deceased last worked at this occupation (month and year): 1-29-37

11. Total time (years) spent in this occupation: 10?

12. BIRTHPLACE (city or town) (State or country): Orange Va

FATHER

13. NAME: George Drummond

14. BIRTHPLACE (city or town) (State or country): Orange Va

MOTHER

15. MAIDEN NAME: Annie Wise

16. BIRTHPLACE (city or town) (State or country): Orange Va

17. INFORMANT: Clyde Reynolds

(Address) 224 Myrtle Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Calvary Date: 2/9/37 19

19. UNDERTAKER: Isaiah L Brown & Son

(Address) 108 W Montgomery St.

20. FILED 2-9-1937, 19 Registrar.

Huntington Memorial Park

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1937 to Mar. 6, 1937

I last saw her alive on Mar. 6, 1937. Death is said to have occurred on the date stated above, at 8:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	1-29-37
Bronchial septicemia	2-5-37

Other contributory causes of importance:

none

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical & laboratory Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James D. Carr M. D.

(Address) 515 Mosher St

M. D. B 1263-9

F 33248

33248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 5-7 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Beahm

(a) Residence: No. 1252 N. Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of May Beahm

6. DATE OF BIRTH (month, day, year) May 15, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rustless-Iron & Steel

10. Date deceased last worked at this occupation (month and year) March 1937

11. Total time (years) spent in this occupation 9 yrs.

12. BIRTHPLACE (city or town) (State or country) Luray Virginia

FATHER

13. NAME Charles E. Beahm

14. BIRTHPLACE (city or town) (State or country) Luray Virginia

MOTHER

15. MAIDEN NAME Mary Alice Vindas

16. BIRTHPLACE (city or town) (State or country) Luray Virginia

17. INFORMANT Mrs. May Beahm

(Address) 2020 E. Hoffman St.

18. BURIAL, CREMATION, OR REMOVAL

Place Charles Town, W. Va. Date March 10 1937

19. UNDERTAKER Wade H. Cook

(Address) 1005 E. Baltimore St.

20. FILED 19 Registrar.

3-9-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of Head	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 3/8/ 1937

Where did injury occur? 2020 E. Hoffman St. Balto, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Shot self with an automatic

Nature of injury revolver

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenken Coroner, M. D.

(Address) 1919 E. North Ave.

OCCUPATION IS very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

21058

33249 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 33249

V 131

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Persley Rash

(a) Residence: No. 1047 Harford Ave. St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
72	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown "

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Del.

FATHER

13. NAME Persley

14. BIRTHPLACE (city or town) (State or country) Wilmington, Del.

MOTHER

15. MAIDEN NAME Ellen

16. BIRTHPLACE (city or town) (State or country) Smyrna, Del.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Baltimore Cemetery Date Mar 10 1937

19. UNDERTAKER Elmer W. Conklin
(Address) 924 E. Eager St.

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-8 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-13 1937 to 3-8 1937

I last saw him alive on 3-8 1937 Death is said to have occurred on the date stated above, at 12.25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Unk
Other contributory causes of importance: Hypertensive Cardio-Vascular Renal Disease	Unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John L. Kenney M. D.

(Address) Baltimore City Hospitals

33250 F 33250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward 4)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Arndt Arundel Banks

If U.S. Veteran specify WAR .....

(a) Residence: No. 1528 Brunt St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 10, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Herbert W. Banks

14. BIRTHPLACE (city or town) (State or country) Newport News Va

MOTHER

15. MAIDEN NAME Pauline Wynder

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Pauline Banks

(Address) 1528 Brunt St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 3-11 1937

19. UNDERTAKER Frances A Henry

(Address) 578 W Biddle St

20. FILED 9-1937 Huntington Wytheville, Md

OCCUPATION is very important. See instructions on back of this sheet.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 3, 1937 to Mar. 9, 1937

I last saw him alive on Mar. 9 1937 Death is said to have occurred on the date stated above, at 7.55 a. m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, lobar — Date of onset 3.6.37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. B. Carr M. D.

(Address) 515 Mosher St

33251 E 33251

HEALTH DEPARTMENT—CITY OF BALTIMORE

21383 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 23-1 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Richardson

(a) Residence: No. 1224 S. Sharp St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louisa (D)

6. DATE OF BIRTH (month, day, year) 3-2-1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Un.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Un.

14. BIRTHPLACE (city or town) (State or country) Un.

MOTHER

15. MAIDEN NAME Un.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records of Baltimore City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Mar 9th 37

19. UNDERTAKER Ehrg & Wilson
(Address) 1020 Brantley Ave Huntington Williamson, W. Va.

20. FILED 3-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-4 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-24 1937 to 3-4 1937

I last saw h.i.ll alive on 3-4 1937. Death is said to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Renal Dis.	Unk
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm F Kenny M. D.

(Address) Baltimore City Hospitals

OCCUPATION IS VERY Important.

Spec.—9-30—A. & Co.—250 Blks.

F 33252

33252 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46-9

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) Franklin Square Hosp (Ward) 27-6

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Margaret Keller

(a) RESIDENCE NO. Franklin Square Hospital ST. 5502 Pilgrim Rd WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Keller

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John Gute

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Margaret Gute

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt Md.

14 Informant Wm Beadle
(Address) 5502 Pilgrim Rd

15 Filed 3-10-1937 by [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/8/37.

17

I HEREBY CERTIFY. That I attended deceased from 2/23/, 1937, to 3/8/, 1937

that I last saw h[illegible] alive on 3/8/, 1937

and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* [illegible] as follows:

Cancer of Recto-Sigmoid

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cirrhosis of Liver

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? yes

(Signed) Abraham Al Levine M. D.

, 19 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Lawn Cemetery

DATE OF BURIAL 3/10 1937

20 UNDERTAKER Leonard J Roch.

ADDRESS 530 Hanover

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33253 CERTIFICATE OF DEATH 5-3 F 33253

Registered No. 26-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 N. HIGHLAND AVE. St. ..... Ward)

Length of residence in city or town where death occurred LIFE mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME MARY A. GUNSELMAN

(a) Residence: No. 7 N. HIGHLAND AVE. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOW

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of LATE JOHN GUNSELMAN

6. DATE OF BIRTH (month, day, year) FEB. 4- 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) BALTIMORE CO.

FATHER

13. NAME MICHAEL HEINLE

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME ELIZABETH DECKER

16. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

17. INFORMANT GERTRUDE HEINLE (DAUGHTER)
(Address) 7 N. HIGHLAND AVE.

18. BURIAL, CREMATION, OR REMOVAL
Place SACRED HEART CEM. MAR. 10 1937

19. UNDERTAKER Lilly & Zeiler INC.
(Address) 402 S. Wolfe St.

20. FILED MAR 9 1937 Huntington Wellman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) march 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1937 to Mar 6 1937

I last saw her alive on Mar 6 1937. Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of Bladder	Gradual
2.	
3.	
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. H. B. Sutton M. D.

(Address) 315 S. Augusta Island Ave

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33254

CERTIFICATE OF DEATH

95-B F 33254

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital (Ward) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR ...

2. FULL NAME Margaret Loeffler

(a) Residence: No. 29 S. Ellwood Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Loeffler.

6. DATE OF BIRTH (month, day, year) Sept. 9 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME L. Loeffler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Eberhardt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary K. Knapp Houghton

(Address) 29 S. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Mch 10th 1937

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) 708 S. Wolfe St.

FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8 1937

I HEREBY CERTIFY, That I attended deceased from Feb. 24 1937 to March 8 1937

I last saw h e alive on March 8 1937 Death is said to have occurred on the date stated above, at 4 20/A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardio-Vascular disease with Cardiac decompensation	1 mo
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 0 Date of injury — ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank R. Stephenson, M. D.

(Address) St. Joseph's Hosp.

F 33255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 33255

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Church Home & Hosp. St. 6 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Kirchner

If U.S. Veteran specify WAR ...

(a) Residence: No. 7107 Eastern Ave. St. 26 Ward. Balto Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Kirchner

6. DATE OF BIRTH (month, day, year) 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73 72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME --

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry Kirchner Friend
(Address) 7107 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Mch 11, 1937

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 4038 Wabash Ave

Huntington Williams, Md

FILED 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1937 to March 7, 1937

I last saw him alive on March 7, 1937 Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	
Pulmonary embolus	3/7/37

Other contributory causes of importance:

Was an operation performed? Yes Date of Feb. 19, 1937

For what disease or injury? Strangulated inguinal hernia

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) J. L. Ackerman M. D.

(Address) Church Home & Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33256

CERTIFICATE OF DEATH

124-aF 33256

Registered No. 15-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME William Clark

(a) Residence: No. 3016 Garrison Blvd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise

6. DATE OF BIRTH (month, day, year) 7/19/1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69 68	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Benjamin (D)

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Amelia Vance (D)

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto City Hospits.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem Date 3-11 37

19. UNDERTAKER Geo. J. Smith
(Address) 1905 Eden Place

20. FILED 1937 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-8 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-7 1937 to 3-8 1937

I last saw h.. alive on 3-8 1937 Death is said to have occurred on the date stated above, at 9.01 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Cirrhosis of Liver	Dec. 1936
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Ramsey M. D.

(Address) Baltimore City Hospitals

VS 3

F 33257

33257

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

208-M

Registered No. .....

1. PLACE OF DEATH City Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 36-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Judiah Charles Young If U. S. Veteran specify WAR .....

(a) Residence: No. 31 S Carrollton St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lilly C. Young

6. DATE OF BIRTH (month, day, year) Dec 12-1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Judiah V. Young

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lena Brown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Lilly Young (Address) 31 S Carrollton

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date 3/4/ 37

19. UNDERTAKER John Ulysses (Address) 1020 Edison St

Filed 3-4 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-2-37

22. I HEREBY CERTIFY, That I took charge of the remains described thereon and from the evidence above, held an (Inquest, Autopsy or Inquiry) thereon and that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fire shock	3-2-37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D. Coroner

(Address) .....

V S 6

33258 F 33258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore

CITY OF BALTIMORE: (No. ..... St., 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William H. Young

If U. S. Veteran specify WAR W. W.

(a) Residence: No. 1711 N. Carey St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Negro	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 17, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bar tender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. saloon

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME William Young

14. BIRTHPLACE (city or town) Lancaster
(State or country) Va.

MOTHER

15. MAIDEN NAME Anne Nelson

16. BIRTHPLACE (city or town) Washington
(State or country) D.C.

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date 3/8 37 19

19. UNDERTAKER Thos. E. Kelson.
(Address) 1323 Freeman st.

20. FILED MAR 9 - 1937 19 Washington Witmer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6 , 19 37

22. I HEREBY CERTIFY, That I attended deceased from March 1, 19 37 to March 6, 19 37

I last saw him alive on March 6, 19 37. Death is said to have occurred on the date stated above, at 12 Noon m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, acute pneumonic	3 mos.

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) I. B. H. Anderson M. D.

(Address) U.S. Marine Hospital
Baltimore, Md.

M. D. B 1268-9

Borowski ✓ F 33259

33259

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 722 S. Wolfe St. 3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anthony Borowski

(a) Residence: No. 722 S. Wolfe St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.P.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 9 - 1937

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Foore

26. FILED MAR 9 - 1937 Huntington Williams M.D. Health Commissioner

3061 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	

Other contributory causes of importance: Uremia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of No

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. H. Wright, M. D.

Coroner

(Address) 1010 S. Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 33260

33260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Jail St. 10-3 Ward.)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm Pearson

If U. S. Veteran specify WAR .....

(a) Residence: No. ..... St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 9 - 1937 19

19. UNDERTAKER Commissioner of Health

(Address) Per ... Deere

20. FILED MAR 9 1937 ... Registrar.

3062

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Decompensation of Heart	
Status Pneumonia	
Hypertension	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Orvin B Wallace M. D.

(Address) 1031 St Paul St

3261

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33261

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2006-Cecil Ave. St., 9-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ellen M. Healy

If U.S. Veteran specify WAR

(a) Residence: No. 2006-Cecil Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas J. Healy

6. DATE OF BIRTH (month, day, year) 2/22/1860

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
77	-	14	16

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Robert Cummings

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Mondy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Rose Murphy

(Address) 2006 Cecil Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place St. John's Cem. Long Green Md. Date March 11, 1937

19. UNDERTAKER George [illegible] Ruth, Inc.

(Address) 1735 Harford Avenue

20. FILED ... 19 ... Registrar.

9-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8th 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1937 to Mar. 8 1937.

I last saw her alive on Mar. 8 1937. Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	15
Hypostatic congestion	4 da.
Arteriosclerosis	

Other contributory causes of importance:

Epistaxis

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Phy. Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John T. Sheary M. D.

(Address) 804 Cathedral St.

33262 F 33262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-2

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 4800 Dwyrne Oak Ave (Ward) 24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 7 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Franklin Pierce Denton

If U. S. Veteran specify WAR

(a) Residence: No. 4800 Dwyrne Oak Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary Augusta Denton

6. DATE OF BIRTH (month, day, year) July 17, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 1630

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oak Franklin Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Wilkes Denton

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER

15. MAIDEN NAME Mary Hemsley

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

17. INFORMANT Mrs. Mary A. Denton
(Address) 4800 Dwyrne Oak Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Mem. Park Mar 10 37

19. UNDERTAKER Wm. Pickney Sons
(Address) North & Paves

20. FILED Mar 9 - 1937 Huntington Matthews, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1935 to Mar 8, 1937

I last saw him alive on March 7, 1937. Death is said to have occurred on the date stated above, at 10.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary disease	1935
Other contributory causes of importance: Arteriosclerosis	1935

Was an operation performed? NW Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? NW

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NW If so, specify

(Signed) Fritz J Klinger M. D.

(Address) 2700 Hurlind ave

1 signed report furnished to the health authorities of Baltimore, Maryland. F 33263

33263

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

15-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2437 W. North Avenue St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Captain John Everett Knotts (Retired Bank) If U. S. Veteran specify WAR World

(a) Residence: No. 2437 W. North Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Hilda T. Knotts

6. DATE OF BIRTH (month, day, year) October 31, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	4	8 ?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Capt. U. S. Army

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 0056

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Meadowdale, W.Va.

FATHER

13. NAME John Lawrence Knotts

14. BIRTHPLACE (city or town) (State or country) Leroy Jackson County, W.Va.

MOTHER

15. MAIDEN NAME Martha Jane Barnett

16. BIRTHPLACE (city or town) (State or country) Sandyville Jackson County, W.Va.

17. INFORMANT William J. Tickner & Sons.
(Address) North and Penna. Avenues.

18. BURIAL, ~~CREMATION, DISPOSITION~~
Place: Arlington Nat'l Cem. Va. Date March 10, 19 37

19. UNDERTAKER William J. Tickner & Sons
(Address) North and Penna. Avenues.

20. FILED 9-1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from June, 1934, to Death, 19....

I last saw him alive on January 15, 1937 Death is said to have occurred on the date stated above, at 7:30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	

Other contributory causes of importance:

--	

Was an operation performed? No Date of --

For what disease or injury? --

Name of operation -- Date of --

What test confirmed diagnosis? -- Was there an autopsy? --

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? -- Date of injury -- 19....

Where did injury occur? -- (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place --

Manner of injury --

Nature of injury --

24. Was disease or injury in any way related to occupation of deceased? --

(Signed) W. L. Richards W. L. RICHARDS, Major, M.C. M. D.

(Address) General Dispensary, U.S. Army, Baltimore, Maryland.

M. D. B 1268-9

F 33264

33264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

70-5 - 194-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chas. L. Jacobs

If U. S. Veteran specify WAR

(a) Residence: No. 520 S. Bentalou St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary V. Jacobs

6. DATE OF BIRTH (month, day, year) June 1889 June 15, 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Geo. Jacobs

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Agnes Ames

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Jacobs

(Address) 520 S. Bentalou St

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk. Date 3/10 1937

19. UNDERTAKER Robert S. Little

(Address) 2700 Edmondson Ave.

20. FILED 3-10-1937 21. Huntington Wellfare, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fraclure of Skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Feb. 21, 1937 Date of injury, 19

Where did injury occur? 89 Public School Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public School

Manner of injury Weight fell from Boiler Struck Head

Nature of injury Fracture Skull

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Weight from Boiler Struck Head

(Signed) H. K. Allen M. D.

(Address) 2757 E. North Ave. Coroner

33265 E 33265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH Md Gen Hospital 15-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Ward)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Delmar Draper

If U. S. Veteran specify WAR

(a) Residence: No. 3306 W. North Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: W.

5. [redacted] (write the word): Widowed.

5a. If [redacted] widowed, (or) WIFE of: John Edmund Draper

6. DATE OF BIRTH (month, day, year): Feb. 4 1863

7. AGE: Years 74 | Months 1 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Chestertown Maryland

FATHER

13. NAME: John Bartley Fairlee

14. BIRTHPLACE (city or town) (State or country): Kent Co. Md.

MOTHER

15. MAIDEN NAME: Isabella Tolson

16. BIRTHPLACE (city or town) (State or country): Balt. Md.

17. INFORMANT: Thomas W. Wyatt

(Address) Balt. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Chester Cemetery Date 3/11, 1937

19. UNDERTAKER: Ralph H. Caulk

(Address) Chestertown, Md.

20. FILED 1937 Huntington Williams, Registrar

9-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/9, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/4/, 1937 to 3/9, 1937

I last saw h[redacted] alive on 3/9, 1937. Death is said to have occurred on the date stated above, at 6:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance: Heart failure	
Hypertensive C-V disease	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Josiah A. Hunt. M. D.

(Address) Md. Gen. Hospital

F 33266

M. D. B. 1363-3

33266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 300 E. 25th St. 12-3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) Lyn

Length of residence in city or town where death occurred 1 yrs. 6 mos. ..... d How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Esther TESSLER

(a) Residence: No. 300 E. 25th St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Irving Tessler

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Philadelphia Penna.

FATHER

13. NAME Isaac Kalewitz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Anna —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Irving Tessler

(Address) 300 E. 25th St.,

18. BURIAL, CREMATION, OR REMOVAL

Place Phil., Pa. Date 3-9-37 19

19. UNDERTAKER JACK LEWIS, INC.;

(Address) 1439 N. BALTO. ST.,

20. FILED MAR 10 1937 Thos. E. Waring for Wilmer, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-9- 19 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Bilateral Coronary thrombosis	3-7-37
b.	
c.	
d.	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.

Coroner

(Address) [illegible]

F 33267 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33267

92-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 851 Park Ave 11-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Hall

If U.S. Veteran specify WAR No Record

(a) Residence: No. 851 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

5a. If ~~Married~~ widowed ~~or Divorced~~ (or) ~~HUSBAND of~~ WIFE of: Thomas Hall

6. DATE OF BIRTH (month, day, year): About 1850

7. AGE: About — Years: 87 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: William Cooper

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: McKamon

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: C. E. Brooks
(Address) 2028 S. st N.W. Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar 10 1937

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St

20. FILED: 10 1937 [illegible] for Wilhelmina [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 8th 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 — 1936 to Mar. 8 — 1937

I last saw h alive on Mar. 8 1937. Death is said to have occurred on the date stated above, at 10.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	5 yrs
Mitral insuff.	
Other contributory causes of importance: Arteriosclerosis	10 yrs

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chas J Keller M. D.

(Address) 222 W. Monument St

33268 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 33268

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton ave St.) 20-L Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Ricker

If U.S. Veteran specify War No Record

(a) Residence: No. 531 S. Caton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Emma Ricker

6. DATE OF BIRTH (month, day, year) Nov 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME Michael J. Ricker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emily Ricker

(Address) 245 N. Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Mar 12 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 Registrar

MAR 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23 1937 to March 9 1937

I last saw him alive on March 9 1937 Death is said to have occurred on the date stated above, at 2 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Arteriosclerotic Cardio Vascular Renal Disease	1936
Cardio - Vascular Failure	3-8-37
Other contributory causes of importance:	
Cancer	1936
Stasis Eczema	7-1-36

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis L. Llewelyn M. D.

(Address) St. Agnes Hospital

Spec.—9-30—A. & Co.—250 Bks.

F 33269

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33269

CERTIFICATE OF DEATH

108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospt. (St.) 27-12 (Ward)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Heuring

(a) RESIDENCE NO. (Usual place of abode) 5842 Belair Ave. (St.) (Ward) (If non-resident give city or town and State)

No War Record

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word)
M	W	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Mrs. Bessie T. Heuring

6 DATE OF BIRTH (month, day, and year) Oct 6th 1881

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
55 —	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) Consolidated Eng Co

(c) Name of employer Building

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER George T. Heuring

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Isabella deLeon Nones

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Alvin N. Heuring Sr

(Address) 701 N. Lakewood Ave

15 Filed ....., 19.... Registrar

MAR 10 1937

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-9-37

17

I HEREBY CERTIFY, That I attended deceased from March 4, 1937, to March 9, 1937

that I last saw him alive on March 9, 1937

and that death occurred, on the date stated above, at 7:10 A. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) William Hoenter M. D.

, 19 (Address) Franklin Square Hospt.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Garrett Presbyterian Cem

DATE OF BURIAL Mar 11-1937

20 UNDERTAKER W. S. Cook

ADDRESS 1217 St Paul St

FORM IS VERY important. See instructions on back of certificate

33270 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 33270

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. Gould St, Ward 23) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yr mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR No Record

2. FULL NAME John Emory

(a) Residence: No. 614 East Ave St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~WIFE of~~ Bell Bowman Emory

6. DATE OF BIRTH (month, day, year) July 9th 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John H. Emory

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Katherine Trego

16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT Bell B. Emory

(Address) 614 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Mar 10th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 Registrar

MAR 10 1937 Clayton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-8-37. 19

22. I HEREBY CERTIFY, That I attended deceased from 3-7-37. 19 to 3-8-37. 19

I last saw ~~him~~ alive on 3-8-37. 19 Death is said to have occurred on the date stated above, at 7 35 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	
Chronic Nephritis	
Bronchopneumonia	3-5-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Clayton Williams M. D.

(Address) South Balto Gen Hosp

M. D. B. 1268-9

33271 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 33271

CERTIFICATE OF DEATH

Registered No. 15-2 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2004 Pulaski (Ward) 15-2

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Violet C. H. Knowles

(a) Residence: No. 2004 Pulaski Ward. No Record
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (HUSBAND) (WIFE) of Fleming H. Knowles

6. DATE OF BIRTH (month, day, year) March 24, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George W. Mayskeantz

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Margaret Gerhardt

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Margaret H. Mayskeantz

(Address) 2004 Pulaski Street

18. BURIAL, CREMATION, OR REMOVAL

Place Westfield Date Mar 11 1937

19. UNDERTAKER Wm Cook

(Address) 1209 St Paul St

20. FILED [illegible] for Filing [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 29, 1936 to March 7, 1937

I last saw h[illegible] alive on March 7, 1937 Death is said to have occurred on the date stated above, at 1.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	Aug '32

Other contributory causes of importance:

None

Name of operation — Date of —

What test confirmed diagnosis Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John D. Quinn, M. D.

(Address) 1507 N. Fulton Ave.

M. D. F. 1268-9

F 33272

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33272

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 N Calhoun St. 19-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fannie Watkins

(a) Residence: No. 411 N. Calhoun St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George

6. DATE OF BIRTH (month, day, year) 4-15-1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

FATHER

13. NAME King Whittington

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md.

MOTHER

15. MAIDEN NAME Francis ?

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md.

17. INFORMANT Eva Davis (D)
(Address) 411 N. Calhoun St

18. BURIAL, CREMATION, OR REMOVAL
Place Halls Creek Calvert Co Md Date 3-10-1937

19. UNDERTAKER Chas G. Cotter
(Address) 574 N. Calhoun St.

20. Filed MAR 10 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1937, to March 6, 1937

I last saw h[illegible] alive on March 6, 1937. Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	2 yrs

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? urinalysis Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. S. McCard M. D.

(Address) 2029 Druid Hill Ave

33273 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 33273

CERTIFICATE OF DEATH

✓ 82-a

Registered No. 12-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2209 St Paul Street St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 1 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Genevieve Thweatt

(a) Residence: No. 2209 St Paul Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Joseph Philip Thweatt

6. DATE OF BIRTH (month, day, year) January 22nd 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John O'Hara

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Susan Dailey

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. J. P. Thweatt

(Address) 2209 St Paul Street.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date March 10th, 37

19. UNDERTAKER H. Kirkpatrick & Sons

(Address) [illegible]

20. FILED MAR 10 1937 [illegible] Registrar.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1st, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 12, 1935 to March 7, 1937

I last saw her alive on March 7, 1937 Death is said to have occurred on the date stated above, at 6.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Myocarditis Pressure Art. Sch.	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) W. A. Costello M. D.

(Address) 313 E Baca St Balto Md

33274 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 33274

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Hospital St. 14 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Nicholson

If U.S. Veteran specify WAR .....

(a) Residence: No. Box 355 - Perry Ave St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Colored	infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/4/37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Bob Williams

14. BIRTHPLACE (city or town) (State or country) Richmond Va.

MOTHER

15. MAIDEN NAME Grace Nicholson

16. BIRTHPLACE (city or town) (State or country) St Louis Mo.

17. INFORMANT Grace Nicholson
(Address) Pomonkey Md - Box 355

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cemet Date Mar 10th 1937

19. UNDERTAKER Elroy A Wilson
(Address) 1013 Aisquith St

20. FILED Registrar.
APR 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-7 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-4-37 19..., to 3-7 1937

I last saw him alive on 3-7 1937. Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	
Aspiration Pneumonia	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J W B Butler M. D.

(Address) Provident Hospital

Annie K. Scott

F 33275

33275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-a

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 20-7 Ward)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie K. Scott

(a) Residence: No. 126 S. Monroe St., St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William F. Scott

6. DATE OF BIRTH (month, day, year) Oct. 30, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Accomac Co. Va.

FATHER

13. NAME James E. Burch

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Sally Clayton

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Minnie Burch

(Address) 126 S. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL Goodon Park Cemetery Date March 10, 1937

19. UNDERTAKER Chas. S. Black

(Address) 714 W. North Ave.

20. FILED ..... 19 ..... Registrar

APR 6 1937 Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 8th 37. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death at 2.30 A. M. on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Mar 8 '37

Other contributory causes of importance: Hypertention. Arteriol Sclerosis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Thos. H. Phillips M. D.

Coroner

(Address) 1030 Edmondson Ave.

OCCUPATION IS VERY important.

Spec.—9-30—A. & Co.—250 Bks

F 33276

F 33276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-C

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Franklin Square S 3-2 WARD)

2-FULL NAME Dora Cohen

(a) RESIDENCE NO. 1117 E. Pratt ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	wh	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Abraham Cohen.

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work [redacted] w 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Jacob Pickus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Pickus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Abraham Cohen
(Address) 1117 E Pratt

15 Filed ..., 19... [illegible] Registrar

10 1937

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-9-37

17
I HEREBY CERTIFY, That I attended deceased from 2-15 37, 19... to 3-9-37, 19...
that I last saw her alive on 3-9-37, 19...
and that death occurred, on the date stated above, at 7:10 P m.

The CAUSE OF DEATH* was as follows:

myocardial failure

[redacted] (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Generalized Arteriosclerosis
myocarditis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) D. J. Battaglia M. D.

19... (Address) Franklin Sq Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rozalek Cemetery Mayo 1937

20 UNDERTAKER Sol Levinson Bro

ADDRESS 1127 Eutaw

HEALTH DEPARTMENT—CITY OF BALTIMORE 33277

33277

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St., (Ward) 13-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Bass

If U. S. Veteran specify WAR

(a) Residence: No. 2246 Madison Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Simon D. Bass

6. DATE OF BIRTH (month, day, year) 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis Berman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah Diener

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Charles Bass.

(Address) 2246 Madison ave

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Rockdale Cmty Date March 10 '37

19. UNDERTAKER Sol Levinson By

(Address) 1127 E Baltimore St

20. FILED [illegible] for Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 9. 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 6, 1937 to Mar 9, 1937

I last saw h[illegible] alive on Mar 9, 1937 Death is said to have occurred on the date stated above, at 7 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (type undetermined)	Mar 5
Other contributory causes of importance: Arteriosclerotic Heart Disease	1936

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Irving Sauber M. D.

(Address) Sinai Hospital

33278 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 33278

4515 CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (Hospital, Institution, Residence) Harrison Blvd (Ward) 9

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? 95 yrs. mos. ds.

2. FULL NAME Mary Weinberg

If U. S. Veteran specify WAR

(a) Residence: No. 3825 Fairview ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Samuel Weinberg

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sam Buchman

(Address) 3825 Fairview ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Date 3/11/37

19. UNDERTAKER Jack Gans

(Address) 1439 E. Baltimore st

20. FILED MAR 10 1937 19 E. Livingston Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-9-37, 19

22. I HEREBY CERTIFY, That I attended deceased from June, 1936 to March 9, 1937

I last saw h[illegible] alive on March 9, 1937. Death is said to have occurred on the date stated above, at 7:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
a) Arteriosclerotic Gangrene	
of Lt Leg	2 mos
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Jenner, M. D.

3/10/37 (Address) Med. Art Bldg

F 33279

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33279

CERTIFICATE OF DEATH

494-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2326 Ocala Ave, St. 15-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 50 yrs. ..... mos. ..... ds.

2. FULL NAME REBECCA LEAH LEVINE

If U.S. Veteran specify WAR .....

(a) Residence: No. 2326 Ocala Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis LevinE

6. DATE OF BIRTH (month, day, year) 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME SHOLOM TUCKER

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME DEVERAN

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Husband
(Address) .....

18. BURIAL, CREMATION, OR REMOVAL
Place Herzl Ahm Date 3-10-37 19

19. UNDERTAKER Jack Levin Inc
(Address) 1439 E Balto St

20. FILED 19 ..... Registrar.

R 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-9-37 . 19

22. I HEREBY CERTIFY, That I attended deceased from August . 1936, to March 9 . 1936

I last saw h.r alive on March 7 . 1936 Death is said to have occurred on the date stated above, at 1.40 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular disease	
Acute Cardiac dilatation Hypertension	March 9
Bulbar palsy & Coma	March 9
Other contributory causes of importance:	
Cirrhosis Kidneys	6 months

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Julius H. Goodman M. D.

(Address) 3400 E. Balto St.

33280 F 33280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1325 N. Gilmor St. 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Esther Coltsman

If U. S. Veteran specify WAR

(a) Residence: No. 1325 N. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Sylvanus Coltsman

6. DATE OF BIRTH (month, day, year) May - 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME George Gregory

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Maggie Wilmore

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Sylvanus Coltsman

(Address) 1320 N. Gilmor

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 3/10 1937

19. UNDERTAKER Sam'l. F. Chase & Son

(Address) 687 N. Gilmor

20. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 8th 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 4th 1937 to Mar 8th 1937

I last saw h. alive on Mar 8th 1937. Death is said to have occurred on the date stated above, at 3:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/4/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas E Bell M. D.

(Address) 1701 N. Gilmor St

M. D. B. 1268-9

33281 F 33281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., 11-3 Ward)

Registered No. 186-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna B. Kahl

(a) Residence: No. Forge Road, Perry Hall, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Kahl

6. DATE OF BIRTH (month, day, year) May 27th, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

FATHER

13. NAME John Baumiller

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Mrs. Anna Schott,
(Address) Fullerton, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Josephs Cem. Date March 12, 1937

19. UNDERTAKER Frederick Lassahn & Son
(Address) 7401 Belair Road

20. FILED MAR 12 1937, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8th, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19..., I last saw h... alive on ....., 19..., Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Fractured Hip. — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? acc. Date of injury 2/4, 1937
Where did injury occur? Forge Road Perry Hall
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place in home
Manner of injury Fell in bathroom at home
Nature of injury Fractured hip.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) C. Hann Coroner, M. D.
(Address) 215 Hanover

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33282 CERTIFICATE OF DEATH F 33282

Registered No. 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edith S Swann

(a) Residence: No. 622 Scott St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female

4. Color or Race white

5. Single, Married, Widowed, or Divorced (write the word) married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of William J.

6. DATE OF BIRTH (month, day, year) July 27 1890

7. AGE — Years 46 | Months 7 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME Joseph Hodsendy

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lydia Brown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wm J. Swann

(Address) 622 Scott St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Date Mar 10 1937

19. UNDERTAKER Frederick A. Gale

(Address) 1211 Lanvale St.

FILED 1937 for Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. M. Wright Coroner M. D.

(Address) 1010 S. Belnont Ave

S 6

33283 E 33283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ....

1. PLACE OF DEATH City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ....) St. 96-12 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR ....

2. FULL NAME Loren Rohr

(a) Residence: No. 6 Claremont Md St., ...Ward. ....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-17-[illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Cumberland Md
(State or country)

FATHER

13. NAME Loren Rohr

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Laura Rohr

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Mrs Loren Rohr
(Address) Edmund Md

18. BURIAL, CREMATION, OR REMOVAL
Place Goodeau Date March 12 1932

19. UNDERTAKER Howard C Malcomb
(Address) 48 — 9 dem. ave

20. FILED ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 19 32

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fire shock	3-7-32

Other contributory causes of importance:

Was an operation performed? .... Date of ....

For what disease or injury? ....

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury .... 19 ....

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....

If so, specify ....

(Signed) .... M. D.
Coroner

(Address) ....

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

33284 33284

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2758 Fenwick Ave., 9-b Ward)

Length of residence in city or town where death occurred 72 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Laura V. Lomax

If U.S. Veteran specify WAR ....

(a) Residence: No. 2758 Fenwick Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Jesse H. Lomax

6. DATE OF BIRTH (month, day, year) April 3 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Douglas

14. BIRTHPLACE (city or town) (State or country) Balto. md

MOTHER

15. MAIDEN NAME Mary J Haney

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mr Jesse H Lomax
(Address) 2758 Fenwick Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 3/10 1937

19. UNDERTAKER John F Denny
(Address) 715 Light St

20. FILED MAR 10 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8 1937

22. I HEREBY CERTIFY, That I attended deceased from March 4 1937 to March 8 1937

I last saw her alive on March 7 1937 Death is said to have occurred on the date stated above, at 3.30 A. m.

The principal cause of death and related causes of importance as follows:

	Date of onset
Cerebral Hemiplegia	4 days
Other contributory causes of importance: Arteriosclerosis	8 yrs

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? c Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signature) Leo L Zimmerman M. D.

(Address) 2758 Fenwick Ave

F 33285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 33285

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 N. Kenwood ave St., 7-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Johanna Edna Marie Lang

If U. S. Veteran specify WAR .....

(a) Residence: No. 617 N. Kenwood ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard C. Lang

6. DATE OF BIRTH (month, day, year) Dec. 3, 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Knauss

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Annie M. Winters

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Howard C. Lang

(Address) 617 N. Kenwood ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date 3/10/37

19. UNDERTAKER J. Heyman & Son

(Address) 632 S. Broadway

Huntington Williams, Md.

20. FILED 3-10-1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Ahlenber Coroner, M. D.

(Address) 1919 E. Ruth ave.

V S 6

F 33286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8-1 46-B F 33236

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2203 Kentucky Ave. St., 8 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOHN T. GRAHAM

If U. S. Veteran specify WAR

(a) Residence: No. 2203 Kentucky Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Graham

6. DATE OF BIRTH (month, day, year) Mar. 18. 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	11	10 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Letter Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.O. Dept.

10. Date deceased last worked at this occupation (month and year) 1921

11. Total time (years) spent in this occupation 45 years

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Graham

14. BIRTHPLACE (city or town) (State or country) Unknown Penna

MOTHER

15. MAIDEN NAME Elizabeth Schorr

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Jennie Burgerding (Daughter)

(Address) 2203 Kentucky Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Mar. 12 1937

19. UNDERTAKER HENRY SANDER & SONS, INC.

(Address) Baltimore & Broadway.

20. FILED 10 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8. 1937

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1937 to March 8, 1937

I last saw him alive on March 8, 1937 Death is said to have occurred on the date stated above, at 11.00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma stomach	Unknown
Other contributory causes of importance:	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo. B. Dyhert M. D.

(Address) 780 r Harford Ave

V9 3

32675

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33287 X 108 F 33287

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. 7-5

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... de.

2. FULL NAME John Rauf

If U. S. Veteran specify WAR

(a) Residence: No. 101 Stingle Ave St., ... Ward. Dundalk Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct-29 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Louis Rauf

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Rose Mekolon

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Christ Ev. Luth. Ch. Cem Date Mar. 10, 37

19. UNDERTAKER HENRY SANDER & SONS, INC Henry J. Sander

(Address) Baltimore & Broadway.

20. FILED 10 1937 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 6, 1937 to Mar 5, 1937

I last saw him alive on Mar 5, 1937 Death is said to have occurred on the date stated above, at 1245 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3-3-37
Other contributory causes of importance:	
Peritonitis & tetany	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. C. Griffith Jr., M. D.

(Address) Johns Hopkins Hospital

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33288

F 25946
F 33288

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St., 15-1 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Hutchinson

If U. S. Veteran specify WAR

(a) Residence: No. 1623 W North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hughes Hutchison

6. DATE OF BIRTH (month, day, year) 1/10/80

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57	56	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~None~~ ~~f 37~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House-wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland.

FATHER

13. NAME Hughie Steward

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Betty Steward

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Newark N. J. Date Mar 10 37

19. UNDERTAKER Albert W Dorsey
(Address) 440 E North Ave

20. FILED ..... 19.....
Registrar.

MAR 10 1937
Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1937, to March 10, 1937

I last saw h.e alive on March 10, 1937. Death is said to have occurred on the date stated above, at 5 17 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Liver (Primary)	1936
Other contributory causes of importance:	

Was an operation performed? Yes Date of 3-3-37

For what disease or injury? Liver

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul A Kimball M. D.

(Address) The Johns Hopkins Hosp

F 33289

F 33289 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH 1111 Brasco 2 Fl. 1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. (Rodella) St., 21 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Beddy Smith

If U. S. Veteran specify WAR

(a) Residence: No. 1111 Brasco St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of John Smith

6. DATE OF BIRTH (month, day, year) 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James Carr

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Carr

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John Smith.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 3/12/37 19

19. UNDERTAKER Joshua L Bromwell

(Address) 1080 Montgomery St

19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/9 1937

I HEREBY CERTIFY, That I attended deceased from March 1 1937 to March 9 1937

I last saw her alive on March 9 1937 Death is said to have occurred on the date stated above, at 1:14 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance: Toxemia	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Physicians Report

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H H Trompeter M. D.

(Address) 501 Cumberland St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33290

CERTIFICATE OF DEATH

F 33290

82-6

8-6

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1630 N. Wolfe Street St., 8-6 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amanda J. Hiltz

(a) Residence: No. 1630 N. Wolfe Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas L. Hiltz

6. DATE OF BIRTH (month, day, year) August 10, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	Sixtysix	6	28 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Princes Ann Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Hester Gibbons

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. Edward Hiltz
(Address) 1630 N. Wolfe Street

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Mar. 12, 37

19. UNDERTAKER Albert L. Nitz
(Address) 1606 N. Chester Street

20. FILED Mar 10 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9th, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1937, to March 8th, 1937

I last saw her alive on March 8th, 1937 Death is said to have occurred on the date stated above, at 1.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	3/1/37
Other contributory causes of importance: Bronchopneumonia	3/8/37

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Victor Goldberg M. D.

(Address) 154 N. Paterson Ave

33291 ✓ F 33291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5305 Bosworth Ave St., 28-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John P. Lee

(a) Residence: No. 5305 Bosworth Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 27/71

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Veterinarian

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Orange N J

FATHER

13. NAME John Lee

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Augusta Lee

(Address) 5305 Bosworth Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 3-11 1937

19. UNDERTAKER Rita Wakefield

(Address) 914 Greenmount Ave

MAR 10 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/8 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/3 1937 to 3/8 1937

I last saw him alive on 3/8 1937 Death is said to have occurred on the date stated above, at 11:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Broncho Pneumonia Grippe	
10 days	

Other contributory causes of importance:

Chronic Endocarditis
Hypertension nephritis
Coronary Sclerosis

over

Was an operation performed? Date of

For what disease or injury?

Name of operation Urine + + + Date of Consultation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Brumer M. D.

(Address) 111 W Lee

F 33292

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 33292

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-5 ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lawrence Silvit — If U. S. Veteran specify WAR .....

(a) Residence: No. ..... Frederick Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen

6. DATE OF BIRTH (month, day, year) 12 | 22 | 91

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0072

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Wm Silvit

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Henson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Stanardsville Va Date 3-17 1937

19. UNDERTAKER Hazel A Cole & Son Inc
(Address) 2001 E Lombard St Baltimore Md

20. FILED 3-17-37 by Arlington Williams, M.D.

U 1551

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1936 to Mar 10 1937

I last saw h.. alive on Mar 10 1937 Death is said to have occurred on the date stated above, at 8:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Lymphoma ?	July 1936
Other contributory causes of importance: Malnutrition	Sept 1936

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Reuben C. Blount, M. D.

(Address) Johns Hopkins Hosp. Balt. Md.

M. D. F 1268-9

✓ F 33293

33293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 71-a

1. PLACE OF DEATH Jenkins Memorial Hospt 2-2 Registered No.

CITY OF BALTIMORE: (No. 1000 Eaton Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Mary Murphy

(a) Residence: No. 21 Delray Ave Catonsville Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66 yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Thomas Patrick

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Bulger

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Jenkins Memorial Hospt

(Address) 1000 Eaton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Mar 13, 1937

19. UNDERTAKER Easton Sons

(Address) Ellicott City Md.

20. FILED 19 1937 Washington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936 to March 10, 1937

I last saw h alive on March 10, 1937 Death is said to have occurred on the date stated above, at 2 25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	1928
Cardio Vascular Degeneration	1934
Disease.	
Cardio Vascular Failure	3-9-37

Other contributory causes of importance:

Arthritis Hypertrophic.

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis G. Llewelyn M.D.

(Address) St. Agnes Hospital

33294 ✓ F 33294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1904 Bolton St. St. 14-1 Ward)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Maurice Hofheimer

(a) Residence: No. 1904 Bolton St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 24, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance 16

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman 60

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Norfolk, Va.

FATHER

13. NAME Zacharias Hofheimer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Freidenrich

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. C. Seligman,
(Address) Lake Drive Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Oheb Shalom Cem Date Mch. 11, 1937

19. UNDERTAKER Baird Sondheimer Lee
(Address) 1902 Eutaw Place

20. FILED 19 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What was confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] Coroner

(Address) 1215 Hanover St.

33295 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ F 33295

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. Mercy Hospital St. 28-2 Ward) — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Susie D. Wilson — If U. S. Veteran specify WAR .....

(a) Residence: No. 4591 Georgia Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard A. Wilson

6. DATE OF BIRTH (month, day, year) Nov. 24/1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Roger Sherman

14. BIRTHPLACE (city or town) (State or country) Conn.

MOTHER

15. MAIDEN NAME Elizabeth Forrest

16. BIRTHPLACE (city or town) (State or country) Conn.

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Brooklyn N.Y. Date Mar 11 1937

19. UNDERTAKER Harry G. Pearce & Son
(Address) 4204 Ridgewood Ave

20. FILED ..... 19 ..... Registrar.

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-9 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6 1936 to Mar. 9 1937

I last saw her alive on Mar. 9 1937 Death is said to have occurred on the date stated above, at 11:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2/2
Other contributory causes of importance: Arteriosclerotic C-V disease	?

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify —

(Signed) Irving Freeman M. D.

(Address) Mercy Hospital. Balto.

F 33296

33296 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 400 N. Streeper St St. 6-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 6 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Pfaff

If U. S. Veteran specify WAR

(a) Residence: No. 400 N. Streeper St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Pfaff

6. DATE OF BIRTH (month, day, year) Sept 3 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME Frederick Meyers

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Henry Pfaff
(Address) 400 N. Streeper St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cemetery Date Mar 12 1937

19. UNDERTAKER Harry A. Mencacci & Son
(Address) 4204 Ridgewood Ave

20. FILED MAR 13 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1937, to March 9, 1937

I last saw her alive on March 9, 1937. Death is said to have occurred on the date stated above, at 7:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure -	
Chr. Myocarditis	1 yr.
Cardio - Sclerosis - Renal	5 yrs.
Other contributory causes of importance:	
Arteriosclerosis (Emphysema)	2 yrs.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis F. Krumrein M. D.

(Address) 722 No. Kenwood Ave

M. D. B 1268-9

✓ F 33297

33297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 Pennsylvania Ave. Ward 19-2)

Length of residence in city or town where death occurred 6½ yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank Yates

(a) Residence: No. 1004 Pennsylvania Ave., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	Col.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet Yates

6. DATE OF BIRTH (month, day, year) Feb 21 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56		23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd jobs

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Harry Yates

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Estelle Smith (Address) 2426 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL Place Carlton Memorial Date March 10 1937

19. UNDERTAKER Archibald G. Gaddis (Address) 2101 Mc Culloh St.

20. Filed MAR 10 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to ..... death on the day stated above. 6.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Harry Brown M. D. Coroner

(Address) 1215 Nanuet

33298 Tundall F 33298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 Jefferson St. 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Willie Tundall

If U. S. Veteran specify WAR

(a) Residence: No. 1309 Jefferson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Carrie

6. DATE OF BIRTH (month, day, year) Oct 6- 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Silver SC

FATHER

13. NAME Jesse Tundall

14. BIRTHPLACE (city or town) (State or country) SC

MOTHER

15. MAIDEN NAME Josephine Conlin

16. BIRTHPLACE (city or town) (State or country) SC

17. INFORMANT Josephine Tundall

(Address) 1309 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Date May 11th, 1927

19. UNDERTAKER Robert H. Elliott-Daughter

(Address) 1129 Pennsylvania Ave

20. FILED May 11 1927 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-8 1927

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	5/8/27
Other contributory causes of importance: Fractured Left Leg (Com)	1/5/27

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1-5-27

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Allen M. D.
Coroner

(Address) 617 Fairmount St

VS 6

F 33299 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33299

CERTIFICATE OF DEATH 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital 27-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Mrs Anne F Meere

(a) Residence: No. 4130 Maryland St., Baltimore Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Female	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Norman W. Meere

6. DATE OF BIRTH (month, day, year) Oct 1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
29	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME ~~Unknown~~ Richard K. Dixon

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Christian Kahl
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Mar 13 37

19. UNDERTAKER J. H. Elliott Sons
(Address) Reisterstown Md.

20. FILED 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/10, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/5/37, 19..., to 3/10, 1937

I last saw her alive on 3/10, 1937 Death is said to have occurred on the date stated above, at 11:05 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/3/37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D M Dixon M D M. D.
(Address) Bon Secours Hospital

F 33300

33362 33300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Green

(a) Residence: No. 603 N. Curley St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margt

6. DATE OF BIRTH (month, day, year) 11-24-85

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	3	11 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory Butchers

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME John Green

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Anne Hudson

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Lawn Cem Date Mar 11, 1937

19. UNDERTAKER Eustace Sons (Address) Ellicott City

FILED MAR 11 1937 Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1937 to March 7, 1937

I last saw h. alive on March 7, 1937. Death is said to have occurred on the date stated above, at 6:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung (right)	Nov. 1936
Empyema ?	

Other contributory causes of importance:

Was an operation performed? Yes Date of 1/19/37

For what disease or injury? Carcinoma of lung (Right)

Name of operation 1st stage for pneumonectomy

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Donald Hudson M. D.

(Address) Johns Hopkins Hospital

33301 F 33301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital Ward 12-1 56

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Frank Trongillo

If U.S. Veteran specify WAR .....

(a) Residence: No. 2039 Park Avenue Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mrs. Lucia Trongillo

6. DATE OF BIRTH (month, day, year) March 25 1887

7. AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
44	44	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own firm

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Bartolomeo Trongillo

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Maria De Giovanni

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Lucia Trongillo

(Address) 2039 Park Avenue

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cem. New York City 3/14 1937

19. UNDERTAKER Wilson Cook

(Address) 124 E. Pond St.

20. FILED MAR 11 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-10-37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3-6-37 . 19 . to 3-10-37 . 19 .

I last saw h im alive on 3-10-37 . 19 . Death is said to have occurred on the date stated above, at 2:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure, acute	

Other contributory causes of importance:

Rheumatic fever

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank R Stephenson M. D.

(Address) St. Joseph's Hosp

OCCUPATION is very important. See instructions on back of certificate.

F 33302

33302 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Found floating in harbor at Fells St. 1-4 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm Plucinski (or Steffens) If U. S. Veteran specify WAR

(a) Residence: No. 2421 Fait Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Feb 14-1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	—	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Driver goods
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. waterfront & wagon st.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER
13. NAME John Plucinski
14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER
15. MAIDEN NAME Mary Steffens
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Mary Steffens
(Address) 2421 Fait Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Bethany Cem Date Mar. 11 1937

19. UNDERTAKER Stefsky & Frankowski
(Address) 1000 S Kenwood Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) about noon Mar 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Drowning	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Probably Accident Date of injury about noon Mar 8, 1937

Where did injury occur? Balto Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Found floating in harbor at Fells St

Manner of injury Probably fell overboard

Nature of injury Probably Drowning

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 1010 S. Kenwood Ave.

F 33303

33303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 E. 20th St. 12-H Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME J. Robert Read

If U.S. Veteran specify WAR .....

(a) Residence: No. 320 E. 20th St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Read

6. DATE OF BIRTH (month, day, year) Oct. 4, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Surveyor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles S. Read

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Hannah E. Tillott

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs. Edith Read

(Address) 320 E. 20th Street

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date March 11 1937

19. UNDERTAKER E. Leroy Stuffler, Inc.

(Address) 1756 E. North Ave.

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-8-1937

22. I HEREBY CERTIFY, That I attended deceased from 1934, 19..., to MAR. 8, 1937.

I last saw him alive on MAR. 8, 1937. Death is said to have occurred on the date stated above, at 11 30 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Essential Hypertension	?
arteriosclerosis	?
Cardiac Hypertrophy	?
Carcinoma of Sigma	?

Other contributory causes of importance:

Myocardial Failure

Pulmonary edema

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Ralph G. Hill M. D.

(Address) 8 E. Eager st. Balto Md

OCCUPATION is very important. See instructions on back of certificate.

33304

F 33304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 Eliptview Ave St. 8-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joyce Foreacre

If U.S. Veteran specify WAR

(a) Residence: No. 1703 Eliptview Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Mar 8. 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	2.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Lawrence J. Foreacre

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Clara R. Page

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lawrence J. Foreacre
(Address) 1703 Eliptview Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar. 11 1937

19. UNDERTAKER Mr. Wm. John W. Tippel & Son
(Address) 801 W. Lafayette St.

20. FILED ... 19 ... Registrar.

MAR 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 11. 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-8 1937 to 3-11 1937

I last saw C.Y. alive on 3-10 1937 Death is said to have occurred on the date stated above, at 5A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis Congenital	at birth
Other contributory causes of importance: Premature birth	

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No (If answer is yes, specify)

(Signed) H. L. Frantz, M. D.

(Address) 1125 St. Paul St.

F 33305 S-8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33305

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... 10-1 Ward)

Registered No. 18

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Pleasant Botich

If U. S. Veteran specify WAR .....

(a) Residence: No. 1022 N. Stirling ....., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married Separated

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Cora

6. DATE OF BIRTH (month, day, year) 4/3/87

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N. Car.

FATHER

13. NAME John Botich

14. BIRTHPLACE (city or town) (State or country) N Car.

MOTHER

15. MAIDEN NAME Caroline Cunning

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Mar 11 1937

19. UNDERTAKER Edw Bryan (Address) 1911 Orleans St.

20. FILED Mar 11 1937 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 2 1937 to Mar. 6 1937

I last saw him alive on Mar. 6 1937 Death is said to have occurred on the date stated above, at 3 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus Meningitis	1-25-37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Palmer A. Jetter M. D.

(Address) Johns Hopkins Hospital

F 33306

F 33306 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 15-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Stanley Bradley

(a) Residence: No. 3815 Belle Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced WIFE of HUSBAND of Elizabeth M. Bradley

6. DATE OF BIRTH (month, day, year) Aug. 10, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Patterson Sargeant Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga.

FATHER

13. NAME Isaac Bradley

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Castella Barnes

16. BIRTHPLACE (city or town) (State or country) Mich.

17. INFORMANT Mr. Stanley E. Bradley

(Address) 3815 Belle Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Mar. 11, 1937

19. UNDERTAKER Wm. J. Dietzen & Sons Inc. Lady Attendant.

(Address) 1300 Eutaw Place

20. FILED MAR 11 1937 Herbert Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1937 to March 9, 1937

I last saw him alive on March 9, 1937 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Portal Cirrhosis -	
Acute gastric Duodenitis	1937
Hemorrhage	
Other contributory causes of importance:	
Bronchopneumonia	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What was confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Titus, M. D.

(Address) University Hospital

F 33307 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33307

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1825 N. Fulton Ave. Ward) 15-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town (where death occurred) 27 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Elizabeth Miller.

If U. S. Veteran specify WAR .....

(a) Residence: No. 1825 N. Fulton Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William H. Miller

6. DATE OF BIRTH (month, day, year): Dec. 27, 1861

7. AGE: Years 75 | Months 2 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 30 37

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Grafton W. Va.

FATHER

13. NAME: Simon Peter Kimmel

14. BIRTHPLACE (city or town) (State or country): Evansville W. Va.

MOTHER

15. MAIDEN NAME: Henrietta Carrington

16. BIRTHPLACE (city or town) (State or country): Evansville W. Va.

17. INFORMANT: Mr. Wm. H. Miller.

(Address) 1825 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Mar. 12 1937

19. UNDERTAKER: Wm. Mickey Sons

(Address) North & Pa Aves.

20. FILED: Mar 11 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 10. 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 2 1937 to Mar. 10 1937

I last saw her alive on Mar. 9 1937 Death is said to have occurred on the date stated above, at 7 a

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. nephritis	1927
Myocardial Insuff	1929

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Homer L. Todd, M. D.

(Address) 785 N. Fulton Ave.

F 33308

33308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

195-B

25-5

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 Open Rd. Curtis Bay Ward)

Length of residence in city or town where death occurred 69 yrs. 6 mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Andrew M. Winkler

(a) Residence: No. 1511 Open Rd. Curtis Bay. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) August 25, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Winkler.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Do not know

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Frank Winkler. (brother)
(Address) 1511 Open Rd. Curtis Bay

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Mar 12, 1937

19. UNDERTAKER John F. Denny
(Address) 215 Light St

21. FILED Mar 13 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular disease.	
Dementia.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto M. Reinhardt, M. D.
Coroner

(Address) 1017 S. Charles St.

5/10/37

Vs 6

33309 E 33309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Temple Court Apartments

CITY OF BALTIMORE: (No. University Prkwy. & Guilford Ave. Ward 19-2)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 2 mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence G. Sibert

If U.S. Veteran specify WAR

(a) Residence: No. University Prkwy. & Guilford Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Sibert

6. DATE OF BIRTH (month, day, year) Nov. 23, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James A. Barnett

14. BIRTHPLACE (city or town) (State or country) Cambridge, Md.

MOTHER

15. MAIDEN NAME Charlotte E. Aney

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md..

17. INFORMANT Frank Sibert

(Address) Univ. Prkwy. & Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Mar. 11, 37

19. UNDERTAKER John F. Denny

(Address) 715 Light St

20. [illegible] 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 16 1937 to March 8th 1937

I last saw her alive on March 5 3.00 1937. Death is said to have occurred on the date stated above, at p. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Mar 5

Other contributory causes of importance:

Hypertension, Chronic Interstitial Nephritis

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Hammond, M. D.

(Address) 1929 Edmondson Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33310

CERTIFICATE OF DEATH

93-F 33310

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 N. Milton Ave. Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 70 yrs. ... mos. ... ds.

If U.S. Veteran specify WAR ....

2. FULL NAME Sophie Jankun

(a) Residence: No. 119 N. Milton Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Morris

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Beller

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Dr. H. J. Jankun

(Address) 119 N. Milton

18. BURIAL, CREMATION, OR REMOVAL Hebrew Cemetery Date 3/11/37 19

19. UNDERTAKER Levin Bros Inc

(Address) 1432 E. Baltimore St.

20. FILED 3/11/1937 Huntington Wolfsheimer M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/10/37 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1936 to March 10 1937

I last saw him alive on March 10 1937 Death is said to have occurred on the date stated above, at 3:40 m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Oedema	3/8/37

Other contributory causes of importance:

Myocardial insufficiency	1 yr ago

Was an operation performed? No Date of ....

For what disease or injury? No

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of Injury No

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....

If so, specify ....

(Signed) Frank Levinson M. D.

(Address) 4004 Liberty Heights Ave

33311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 33311

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital 27-6 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ralph Finneyfrock

If U.S. Veteran specify WAR ....

(a) Residence: No. 5312 Elsrode ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Snodgrass

6. DATE OF BIRTH (month, day, year) Feb 29-1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer 063

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sun Papers

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md

FATHER

13. NAME Charles Finneyfrock

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Emma Wilt

16. BIRTHPLACE (city or town) (State or country) Buckeystown Md

17. INFORMANT Anna B Finneyfrock

(Address) 5312 Elsrode Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 3/13/37

19. UNDERTAKER Leonard F Roch

(Address) 520 Harford Rd.

FILED MAR 11 1937 Clinton Wilmot, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1937, to March 10, 1937

I last saw h-e alive on March 10, 1937. Death is said to have occurred on the date stated above, at 6 30/A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	?
Uremia	1 wk
Other contributory causes of importance:	
Bleeding Hemorrhoids	2 wks
Secondary Anemia	

Was an operation performed? Yes Date of March 6, 37

For what disease or injury? Bleeding Hemorrhoids

What test confirmed diagnosis? Lo Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank R Stephenson M. D.

(Address) St Joseph's Hosp

F 33312

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33312

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adelaide Frazier If U.S. Veteran specify WAR

(a) Residence: No. 2427 Brentwood Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

3a. If married, widowed, or divorced (or) WIFE of Jennie Frazier

6. DATE OF BIRTH (month, day, year) June 15, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) King William Co Va

FATHER

13. NAME Obie Johnson

14. BIRTHPLACE (city or town) (State or country) King William Co Va

MOTHER

15. MAIDEN NAME Josephine Washington

16. BIRTHPLACE (city or town) (State or country) King William Co Va

17. INFORMANT Jennie Frazier

(Address) 2427 Brentwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place King Williams Co, Va. Date 3/12 37

19. UNDERTAKER Thomas E. Nelson

(Address) 1303 Pressman St

MAR 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3. 9. 1937

22. I HEREBY CERTIFY, That I attended deceased from 3. 6. 1937 to 3. 9. 1937

I last saw her alive on 3. 9. 1937 Death is said to have occurred on the date stated above, at 9:06 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar	2.25.37
Other contributory causes of importance:	
Streptococcic empyema	3.1.37

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. D. Carr M. D.

(Address) 315 Mosher St

33313

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 33313

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 425 Pearl St., 17-1 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah E. Frank

If U.S. Veteran specify WAR .....

(a) Residence: No. 425 Pearl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/7/1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Savannah Ga.

FATHER

13. NAME Wm Mathews

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Ella Moreland

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Sadie Smith

(Address) 423 Pearl St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Date 3-11 19 37

19. UNDERTAKER Williams & Jackson

(Address) 710 Pennsylvania Ave

19 Registrar.

MAR 11 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8 1937

22. I HEREBY CERTIFY, That I attended deceased from March 3 1937 to March 8 1937

I last saw her alive on March 8 1937 Death is said to have occurred on the date stated above, at 10.30 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset .....

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Huntington Williams, M.D.

(Address) 627 Eutaw St.

33314 M&T—1500 Bks.

F 33314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 538 N. Carrollton (St.) Ave (WARD) 8-2

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Estella Wilson

(a) RESIDENCE NO. 538 N. Carrollton Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of James Wilson

6 DATE OF BIRTH (month, day, and year) June 28 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER George Carey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ellicott City

12 MAIDEN NAME OF MOTHER Anne Fisher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ellicott City

14 Informant Estella Thomas
(Address) 538 N. Carrollton Ave

15 Filed 3-11 1937 . 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-9- 1937

17 I HEREBY CERTIFY, That I attended deceased from 9/14 . 1936 . to 3-9- . 1937 .

that I last saw h alive on 3-8 . 1937 .

and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows:

Primary Bronchopneumonia, Cardiovascular renal disease

(duration) ..... yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) M. F. Jackson, M. D.

3/9 1937 (Address) 600 N Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem.

DATE OF BURIAL 3-12 1937

20 UNDERTAKER Byron Marie W. Wright

ADDRESS 1218 N Caldeson

TION is very important See instructions on back of certificates.

F 33315

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33315

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes' Hospital
CITY OF BALTIMORE: (No. Hilkens & Caton Ave. St. 20-47 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Miss Janice Leichsenring

(a) Residence: No. 2168 Hollins St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 27 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
2 1/2	2	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Rudolf H. Leichsenring

14. BIRTHPLACE (city or town) (State or country) Saxony Germany

MOTHER

15. MAIDEN NAME Evelyn F. Priester

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Rudolf H. Leichsenring
(Address) 2168 Hollins St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date March 13 1937

19. UNDERTAKER Lott C & B. M. Walters
N. E. Cor Pratt & Stricker Sts

20. FILED MAR 11 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-10-1937

22. I HEREBY CERTIFY, That I attended deceased from 3-5-1937 to 3-10-1937

I last saw her alive on 3-10-1937 Death is said to have occurred on the date stated above, at 7.10 a m.

The principal cause of death and related causes of importance were as follows:

Right Lobar pneumonia — Date of onset 3/4/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Daniel Jos. Wagner M. D.
(Address) St. Agnes Hospital

F 33316

33316 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-D

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 216 Northway Guilford Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Theodore A. Martin

(a) Residence: No. 216 Northway — St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 31 - 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vice President

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Levering Coffee Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Edward Martin

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Ann Dentzer

16. BIRTHPLACE (city or town) (State or country) Philadelphia Penna.

17. INFORMANT Miss Juliet A. Martin
(Address) 216 Northway Guilford

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date March 12. 1937

19. UNDERTAKER Josiah Lyter
(Address) 160 W. North Ave

20. FILED 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1934, to March 9, 1937.

I last saw him alive on March 9, 1937. Death is said to have occurred on the date stated above, at 7-30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	2 yrs
Other contributory causes of importance: myocardial insufficiency	2 wks

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) W. B. Owens M. D.

(Address) 2200 Garrison Blvd

M. D. B 1268-9

F 33317

3317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3507 Hickory av St. 13-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew L. O'Connor

If U. S. Veteran specify WAR

(a) Residence: No. 3507 Hickory av St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie E. O'Connor

6. DATE OF BIRTH (month, day, year) July 6, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Savage Md

FATHER

13. NAME Chas O'Connor

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Mary Mann

16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT Elsie E. O'Connor

(Address) 3507 Hickory av

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 12 1937

19. UNDERTAKER Albert W Gregory

(Address) 440 E North Ave

20. FILED 1 1 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning (Illuminating Gas)	3/10/37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Nature of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 3-10, 1937

Where did injury occur? 3507 Hickory av (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home - 3507 Hickory av

Manner of injury Inhaling Illuminating Gas

Nature of injury Carbon Monoxide Poisoning

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C H Dykenhoven M. D.

Coroner

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1263-9

33318 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33318

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 629 W. Conaway St St. 22 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl McCray

(a) Residence: No. 629 W. Conaway St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 21 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Brown McCray

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Fannie Smith

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Brown McCray

(Address) 629 W. Conaway St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Zion Date March 11, 1937

19. UNDERTAKER Frank A. Sieber

(Address) 1620 Mount Street

20. FILED MAR 11 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came
(Inquest, Autopsy or Inquiry)
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital malformation of Heart	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. K. Radcliffe M. D.
(Coroner)

(Address) 3757 W. North Ave

33319

F 33319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 Union Ave St., 13-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mabel I Lewis

If U. S. Veteran specify WAR

(a) Residence: No. 817 Union Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Denny Lewis

6. DATE OF BIRTH (month, day, year) Oct 5-1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore City (State or country)

FATHER

13. NAME Joseph H Shirley

14. BIRTHPLACE (city or town) Baltimore City (State or country)

MOTHER

15. MAIDEN NAME Charlotte Parks

16. BIRTHPLACE (city or town) Baltimore City (State or country)

17. INFORMANT Denny Lewis

(Address) 817 Union ave

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Mar 12 1937

19. UNDERTAKER Franklin Wisely

(Address) 914 N 36th St

20. FILED 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9 1937

I HEREBY CERTIFY, That I attended deceased from March 4 1937 to March 9 1937

I last saw her alive on March 9 1937 Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	
Other contributory causes of importance: Influenza and Chronic Nephritis	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John A Schmuck M. D.

(Address) 1334 S. Charles St.

M. D. H 1268-9

✓ F 33320

33320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., 5-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harvey Russell

(a) Residence: No. 337 Forest St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ×

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME I Russell Unknown

14. BIRTHPLACE (city or town) .. (State or country) ..

MOTHER

15. MAIDEN NAME ..

16. BIRTHPLACE (city or town) .. (State or country) ..

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL MAR 11 1937 19

Commissioner of Health

19. UNDERTAKER Per M. A. Moore

(Address)

20. FILED 1937 Wilson Registrar.

3056 F

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said [illegible] find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] Wright M. D.

(Address) 1010 S. Edwards Ave.

F 33321 ✓ F 33321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Lahn

(a) Residence: No. 2602 Quantico Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 8, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				7 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Charles Lahn

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Ruth Rocklin

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mother
(Address) 2602 Quantico Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 11 1937, 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED MAR 11 1937 Registrar. 3098

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3:50 P.M. March 8, 1937 to 11:50 P.M. March 8, 1937

I last saw him alive on March 8, 1937. Death is said to have occurred on the date stated above, at 11:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? P. E. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Sidney Lines, M. D.
(Address) Sinai Hospital

F 33322

33322 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-C

CERTIFICATE OF DEATH

Registered No. 25-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3703 THIRD SR. BROOKLYN St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME MATILDA (TILLY) SCHONOWSKI

(a) Residence: No. 3703 THIRD ST. BROOKLYN St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of FRANK SCHONOWSKI

6. DATE OF BIRTH (month, day, year) ? 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WIFE 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) POLAND

FATHER

13. NAME JOSEPH ZALEWSKI

14. BIRTHPLACE (city or town) (State or country) POLAND

MOTHER

15. MAIDEN NAME MARY. KINJERSKA

16. BIRTHPLACE (city or town) (State or country) POLAND

17. INFORMANT FRANK SCHONOWSKI (HUS.(

(Address) 3703 THIRD ST. BROOKLYN

18. BURIAL, CREMATION, OR REMOVAL

Place HOLY CROSS Date MAR. 13 1937

19. UNDERTAKER Tilly & Zeiler Inc

(Address) 4031 S. WOLFE ST.

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR. 10 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/18/ 1937 to 3-10-37 1937

I last saw her alive on 3-9-37 1937 Death is said to have occurred on the date stated above, at 4/15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchopneumonia	3/1/37
Chronic Myocarditis	?
Arteriosclerosis	?

Other contributory causes of importance:

Senility —

Was an operation performed? no Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Lawrence M. Sera M. D.

(Address) 1009 Annapolis Blvd.

F 33323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-aF 33323

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 E 38th St., 9-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Olyer Green

If U.S. Veteran specify WAR .....

(a) Residence: No. 519 E. 38th St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Johanna Green

6. DATE OF BIRTH (month, day, year): Dec 20, 1862

7. AGE: Years 74 | Months 2 | Days 29 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, saw filer, bookkeeper, etc.: Salesman 066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Clothing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Joshua Green

14. BIRTHPLACE (city or town) (State or country): Harford Co Md

MOTHER

15. MAIDEN NAME: Harriet Hitchcock

16. BIRTHPLACE (city or town) (State or country): Harford Co Md

17. INFORMANT (Address): Wife of Deceased 519 E. 38th St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: March 11 1937

19. UNDERTAKER: William W. Shreve Inc.

(Address) 4100 Edmondson Ave.

20. FILED: 3-11-1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 10th 1937

22. I HEREBY CERTIFY, That I attended deceased from July 33 to March 10th 1937

that last saw ... alive on March 10th 1937 Death is said to have occurred on the date stated above, at 2:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Chronic Endocarditis	July 1933
Other contributory causes of importance: Arteriosclerosis	Feb 18 1937

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical History Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury — 19..

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. Reynard M. D.

(Address) 3201 E. Fayette

✓ F 33324

33324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 4-5-128

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hos. St., 4-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lora Bundy

(a) Residence: No. 1511 E. Monument St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William Murray

14. BIRTHPLACE (city or town) (State or country) Easton Md.

MOTHER

15. MAIDEN NAME Mary Eliza (Unknown)

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT John Bundy (Son) (Address) 1511 E. Monument St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvery Date Mar 12th 1937

19. UNDERTAKER Eloy W Wilson (Address) 1000 Bentley Ave

20. 1937 ..... Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic Pancreatitis	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. M. Wright Coroner, M. D.

(Address) 1010 E. Edmondson Ave

✓ F 33325

33325 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

95-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 635 N. Schroeder St., 16-1 Ward)

Length of residence in city or town where death occurred 29 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Gertrude Mason

(a) Residence: No. 635 N. Schroeder St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Major D. Mason

6. DATE OF BIRTH (month, day, year) 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince George County Md.

FATHER

13. NAME Samuel Peterson

14. BIRTHPLACE (city or town) (State or country) Prince George County Md.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Prince George Md.

17. INFORMANT Major D. Mason
(Address) 635 N. Schroeder

18. BURIAL, CREMATION, OR REMOVAL

Place Princegeorge co Date March 14 1937

19. UNDERTAKER Loyd L. Wilson
(Address) 1000 Brantley ave

20. FILED ..... 19 ..... Registrar

11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936 to March 10 1937

I last saw h. alive on March 10 1937. Death is said to have occurred on the date stated above, at 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Hypertrophy & Acute Dilatation	4 days

Other contributory causes of importance:

Hypertension Heart Disease 25 yrs

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Woodward Higgins M. D.

(Address) 2243 Madison Ave

Findlay

HEALTH DEPARTMENT—CITY OF BALTIMORE

33326 — CERTIFICATE OF DEATH — X117a — F 33326

1. PLACE OF DEATH Union Memorial Hospital — Registered No.

CITY OF BALTIMORE: (No. ... St., 17-3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME See Edward Findlay — If U. S. Veteran specify WAR ...

(a) Residence: No. Gunpowder Md. St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Cuddy Findlay

6. DATE OF BIRTH (month, day, year) Oct. 13, 1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37	4	28 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0006

10. Date deceased last worked at this occupation (month and year) April 1936

11. Total time (years) spent in this occupation 15 Yrs.

12. BIRTHPLACE (city or town) (State or country) Carlinsville Maryland

FATHER

13. NAME Harry E. Findlay

14. BIRTHPLACE (city or town) (State or country) Carlinsville Md.

MOTHER

15. MAIDEN NAME Hannah Powers

16. BIRTHPLACE (city or town) (State or country) Butterford Maine

17. INFORMANT Mrs. E. E. Findlay (Address) Gunpowder, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Dunkirk Date Mar 15 1937

19. UNDERTAKER Wm. C. Brooks & Son (Address) Sparks Md

20. FILED MAR 11 1937 Harrington Phillips Registrar. (Harrington Phillips Jr. Deputy)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1937, to March 11, 1937

I last saw him alive on March 11, 1937. Death is said to have occurred on the date stated above, at 10 05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	3-1-37
Hypostatic pneumonia	3-9-37

Other contributory causes of importance:

Gastric ulcer	6-19-33
Intestinal obstruction, acute	6-19-33

Was an operation performed? yes Date of March 9-1937

For what disease or injury? Intestinal obstruction

Name of operation Laparotomy

What test confirmed diagnosis? ✓ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm McSpedon M. D.

(Address) Union Memorial Hosp

✓ F 33327

33327 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home St., 28-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth Pfeltz

If U. S. Veteran specify WAR

(a) Residence: No. German Aged Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) October 11, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME David Schaffer

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Caroline ?

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT German Aged Home Records
(Address) Athol Ave., Irvington

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date March 12 19 37

19. UNDERTAKER Joseph H Cook
(Address) 1003 W. Baltimore St.

20. FILED 19 Irvington, Md.

MAR 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10 19 37

22. I HEREBY CERTIFY, That I attended deceased from Mch. 6/37. 19 to 19

I last saw her alive on Mch. 10/37. 19 Death is said to have occurred on the date stated above, at 7.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	Mch. 6/37
Other contributory causes of importance:	
Arterio-Sclerosis.	Unknown.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Henry Woods Lauder M. D.

(Address) 933 Hanover St.

F 33328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 107a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm B Patterson

If U. S. Veteran specify WAR .....

(a) Residence: No. Prince George St., ... Ward. Annapolis Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie M

6. DATE OF BIRTH (month, day, year) 3-27-75

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garage

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm Francis Patterson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Anne Lawson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mary a Cem Annapolis Date 3/15/37

19. UNDERTAKER Joseph B Cook
(Address) 1003 W Balto St

20. FILED MAR 12 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11. 1937

22. I HEREBY CERTIFY, That I attended deceased from March 9 1937 to March 11 1937

I last saw h.im alive on March 11 1937 Death is said to have occurred on the date stated above, at 8.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Bulbar Palsy	4 days
Chronic Myocarditis, C coronary sclerosis	?
Bronchopneumonia	May 10 '37
Acute Pulm. Edema	March '37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What was test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) B. Holly Hand M. D.

(Address) Johns Hopkins Hospital

#6576

33329 F 33329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals 8-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify War No Record

2. FULL NAME Mary E. Stinebaugh

(a) Residence: No. 2336 Homestead St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wilson

7. DATE OF BIRTH (month, day, year) July 23, 1863

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Untan Lowman
14. BIRTHPLACE (city or town) (State or country) Unten "

MOTHER

15. MAIDEN NAME Mary ("
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Charles Stinebaugh
(Address) 1915 Hoffman

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date Mar 12 1937

19. UNDERTAKER Wm Cook
(Address) 1217 E Paul St

21. FILED MAR 12 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	

Other contributory causes of importance:
Hemorrhage

Was an operation performed? ... Date of ...
For what disease or injury?
Name of operation ... Date of ...
What was confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. W. Wright Coroner, M. D.
(Address) 1010 S. Ellwood Ave

DECLARATION IS NOT REQUIRED. SEE INSTRUCTIONS ON BACK OF CERTIFICATE

M. D. B. 1268-9

F 33330 ✓ F 33330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 27-14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Friend L Hills

If U. S. Vet. specify WAR No Record

(a) Residence: No. 116 Ridgewood Rd St., Roland Park Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Thompson Hills

6. DATE OF BIRTH (month, day, year) Dec 27 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent

9. Industry or business in which work was done, as mill, saw mill, bank, etc. Metro Life Ins Co

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Marcellus N.Y.

FATHER

13. NAME Gilbert L. Hills

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Grace T. Hills

(Address) 116 Ridgewood Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Mar 12 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19 .....

Registrar

MAR 12 1937

Lexington Mutual, No.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) on ..... and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Bronchopneumonia	?
(Post Influenzal)	?
Streptococcus Meningitis	3/6/37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

Coroner

(Address) .....

F 33331

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33331

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hosp (Ward) 3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Wilbur T Wright.

If U. S. Veteran specify WAR No Record

(a) Residence: No. 609 Melville Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Myrtle A. Wright

6. DATE OF BIRTH (month, day, year) Aug 20th 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore & S. Co.

10. Date deceased last worked this occupation (month and year) Feb 1937

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

FATHER

13. NAME Wilbur T. Wright

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Elizabeth Parlett

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Myrtle Wright

(Address) 609 Melville Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Mar 15th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 Registrar

MAR 12 1937 Washington Avenue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/11/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 2/24/37, 19 to 3/11/37, 19

I last saw him alive on 3/11/37, 19 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Hypertension.	
Other contributory causes of importance:	
2nd Anemia.	2/24/37
Chronic Nephritis.	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Josiah A. Hunt. M. D.

(Address) Md Gen Hosp

Nannie Clausen

F 33332 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33332

CERTIFICATE OF DEATH

107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital 2-17 (St.), (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nannie Clausen

(a) Residence: No. 4801 Palmer Ave (St.), Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word): Married

5a. If married, ~~(or Husband of)~~ (or) WIFE of: Herbert Clausen

6. DATE OF BIRTH (month, day, year): July 31st 188[illegible]

7. AGE: Years 51 | Months 7 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Chas. Alfred Goettling

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Annie V. Creamer

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Clara L. Goettling

(Address): 4801 Palmer Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Lorraine Date: Mar 13 1937

19. UNDERTAKER: Wm Cook

(Address): 1217 St Paul St

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (month, day, year): March 11 1937

I HEREBY CERTIFY, That I attended deceased from March 10 1937 to March 11 1937

last saw h PM alive on March 11 1937 Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

Hemiplegia Sinistra — Date of onset 3/10

Multiple Abscess of Lungs

Carbuncle of Neck

Other contributory causes of importance:

Bronchopneumonia - Related

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Mar. 2 1931

Where did injury occur? 4801 Palmer Ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place In Home

Manner of injury Stuck self w needle.

Nature of injury Infection —

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Schonfeld, M. D.

(Address) University Hospital

33333

HEALTH DEPARTMENT—CITY OF BALTIMORE

33333

CERTIFICATE OF DEATH

122 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph's Hospital St. 27-16 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mona Bodani

If U.S. Veteran specify War No Record

(a) Residence: No. 3139 Oakford Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of: William J. Bodani

6. DATE OF BIRTH (month, day, year): May 14th 1890

7. AGE: Years 46 | Months 9 | Days 27 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Saleslady 6667

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: H. S. Green Co

10. Date deceased last worked this occupation (month, day, year): 3/4/37

11. Total time (years) spent in this occupation: 6

12. BIRTHPLACE (city or town) (State or country): Regina Lancaster Co. Va.

FATHER

13. NAME: Robt. G. Pittman

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Elizabeth Mitchell

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: William J. Bodani

(Address): 3139 Oakford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: David Ridge Date: Mar 13th 1937

19. UNDERTAKER: Wm Cook

(Address): 1217 St Paul St

20. FILED ... 19... for Transcription of Records

... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1937, to March 11, 1937

I last saw her alive on March 11, 1937. Death is said to have occurred on the date stated above, at 2 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	3-5-37
Other contributory causes of importance:	

Was an operation performed? Yes Date of 3-10-37

For what disease or injury? Intestinal Obstruction

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Frank R. Stephenson M. D.

(Address) St Joseph's Hosp

F 33334 ✓ F 33334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 E. Preston St. 10-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nellie A. Holzer

If U.S. Veteran specify WAR No Record

(a) Residence: No. 1207 E. Preston St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of George J. Holzer

6. DATE OF BIRTH (month, day, year) Aug 24th 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME John Habberstett

14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER

15. MAIDEN NAME Ellen Ashoah Hardesty

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT Olga M. Holzer

(Address) 1207 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Mar 13th 37

19. UNDERTAKER Williams Cook

(Address) 1217 St. Paul St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 10th, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1937, to March 10th, 1937.

I last saw her alive on March 10, 1937. Death is said to have occurred on the date stated above, at 1:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis arterio-sclerosis — arterial hypertension	3/9/37 — 3yrs
Other contributory causes of importance: chronic nephritis	14yr.

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? usual phy exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Louis F. Krumrein, M. D.

(Address) 722 No. Kenwood Ave

33335 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 33335

CERTIFICATE OF DEATH

53B

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2651 Maryland Ave 12-6 Ward)

Length of residence in city or town where death occurred 4 yrs 6 mos ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie E. Shipley

If U. S. Veteran specify WAR

(a) Residence: No. 2651 Maryland Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry E. Shipley

6. DATE OF BIRTH (month, day, year) Sept 21 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Zariah Taylor

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Eliza E. Ennis

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Elsie L. Scott

(Address) 2651 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL

Woodlawn Date Mar 12, 1937

19. UNDERTAKER Sherwood Bros.

(Address) 2615-17 Edmondson Ave.

20. FILED ....., 19..... Registrar.

MAR 12 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 6, 1937 to Mar. 10, 1937

I last saw her alive on Mar. 10, 1937 Death is said to have occurred on the date stated above, at 2.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder (Ca.)	?

Other contributory causes of importance:

Was an operation performed? yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Vernon H. Gordon, M. D.

(Address) 1819 St. Paul St.

M. D. B 1268-9

F 33336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 33336

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 338 Whatcoat St. (Ward) 15-1

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Julia Mason

(a) Residence: No. 1338 Whatcoat St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex Co. Va.

FATHER

13. NAME John Mason

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Julia Mason

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Robert Rich

(Address) 1338 Whatcoat St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cemetery 3/13/37

19. UNDERTAKER Wm. A. Jackson

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the ..... (Inquest, Autopsy or Inquiry) obtained by said ..... find that ..... (Inquest, Autopsy or Inquiry) to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Harry Grove Coroner M. D.

(Address) 1215 Hanover

33337

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33337

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 409 Fairmount Ave St., 19th Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Ora Robinson

(a) Residence: No. 409 Fairmount Ave. St., Towson Ward, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Separated

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 6-9-1892

7. AGE: Years 44 | Months 9 | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0070
10. Date deceased last worked at this occupation (month and year): ...
11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Hartford Co. Md.

FATHER
13. NAME: John F. Johnson.
14. BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

MOTHER
15. MAIDEN NAME: Georgiana Johnson.
16. BIRTHPLACE (city or town) (State or country): Hartford Co. Md.

17. INFORMANT: Georgiana Johnson
(Address) 409 Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Rest Date March 12, 1937

19. UNDERTAKER: Archibald C. Gaddis
(Address) 2101 McCulloh St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-9-1937. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1937 to March 9, 1937
I last saw h.A.R. alive on 3-9- 1937 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	?

Other contributory causes of importance:
Chronic Nephritis
" Myocarditis

Was an operation performed? No Date of ...
For what disease or injury? ...
Name of operation ... History +
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Louis E. Hannon M. D.
(Address) 2343 Madison Ave

33338 F 33338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth E. Jensen

If U.S. Veteran specify WAR .....

(2) Residence: No. 526 North Decker Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of John H Jensen

6. DATE OF BIRTH (month, day, year) March 1, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jacob Bauerwald

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Lena Sweartz

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT George Trenkle son

(Address) 2865 Philadelphia Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 15, 37

19. UNDERTAKER John Ulrich

(Address) 2008 Eutaw

20. FILED MAR 12 1937 By E. Fox Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1937 to March 10, 1937

I last saw her alive on March 10, 1937. Death is said to have occurred on the date stated above, at 11:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio-vascular renal disease with hypertension	
Other contributory causes of importance: Cerebral arteriosclerosis.	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John A. Myers, M. D.

(Address) Church Home

33339 325 33339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. ..... St., 6-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jos. John Strohmunger
If U. S. Veteran specify WAR .....

(a) Residence: No. 232 N. Port St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Strohmunger

6. DATE OF BIRTH (month, day, year) 1/21/70

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	1	18/0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman ~~Interurban~~
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City 0032
10. Date deceased last worked at this occupation (month and year) 1933
11. Total time (years) spent in this occupation 36 yrs

12. BIRTHPLACE (city or town) (State or country) Md

FATHER
13. NAME Casimir Strohmunger
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date March 13 37

19. UNDERTAKER John Ulrich
(Address) 2008 Aisquith

20. FILED ..... 19 .....
Registrar

MAR 12 1937 Washington Ward

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1937, to Mar 9, 1937
I last saw him alive on Mar 9, 1937. Death is said to have occurred on the date stated above, at 12 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia, Rt. Bronchitis 1066	—
Art. Sclerosis 91	—
Acute urinary retention 1356	2-8-37
Urinary tract infection 1080	2-21-37
Cardiac failure	3-9-37
Other contributory causes of importance: 137a	

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation —
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Ralph C. Beeson M. D.
(Address) Johns Hopkins Hospital

F D 33340

F 33340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

169

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) U.S. Marine Hosp. St. 15-17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ernest F. Daugherty

If U. S. Veteran specify WAR .....

(a) Residence: No. 2804 Keyworth Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ethel Vaughn Daugherty

6. DATE OF BIRTH (month, day, year) Oct 18, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Capt of Dry Boat

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant Seaman

10. Date deceased last worked at this occupation (month and year) 1/18/37

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Crisfield Md

FATHER

13. NAME Thos E. Daugherty

14. BIRTHPLACE (city or town) (State or country) Crisfield Md

MOTHER

15. MAIDEN NAME Mary Maddox

16. BIRTHPLACE (city or town) (State or country) Somerset Co Md

17. INFORMANT Records U. S. Marine Hosp (Address) Baltimore

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Park Date March 19 37

19. UNDERTAKER Wm. J. Zieger & Son (Address) Baltimore Md

20. FILED 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide Jumping from Window U.S. Marine Hosp	3/10/37
Rupture of viscera, thorax abdomen, Multiple fractures Head & Extremities	3/10/37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 3-10, 1937

Where did injury occur? U.S. Marine Hosp. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Hospital

Manner of injury Jump from 6th floor window

Nature of injury as above

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. H. Woodmansee, M. D. Coroner

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

36341.

E 33341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospitals St., 21-1 Ward)

Registered No. 180

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Anderson

If U. S. Veteran specify WAR

(a) Residence: No. 323 Ringgold St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benard Anderson

6. DATE OF BIRTH (month, day, year) Feb. 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic 6070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Isiah Townson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Harrett Thurston

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Lucy A. Rhome

(Address) 1121 N. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Westview Cemetery Date 3/12 37 19

19. UNDERTAKER Thomas E. Nelson

(Address) 1903 Presstman St

20. FILED 19 Registrar

3-12-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Burns and Suffocation	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury March 8, 1937 19

Where did injury occur? 323 Ringgold St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fire in Dwelling

Nature of injury Burns & Suffocation

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) T. E. Nelson Coroner, M. D.

(Address) 2757 E. North Ave

33342

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33342

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3956 Wilsby av. ..... St., 21-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Mary G. Gable

(a) Residence: No. 1234 N. Washington St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed or divorced (HUSBAND) (or) WIFE of Charles G. Gable

6. DATE OF BIRTH (month, day, year) June 26-1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0024

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind.

FATHER

13. NAME James McIntyre

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary A. Messinger

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT Mrs J. R. Snyder

(Address) 3956 Wilsby av

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Mar 13, 37

19. UNDERTAKER John A. Turner

(Address) 3000 E. Balto St

20. [illegible] Date [illegible] Registered [illegible]

MAR 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/10/37

22. I HEREBY CERTIFY, That I attended deceased from Feb 1935 to March 10, 1937

I last saw her alive on March 9, 1937 Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	?
Chronic Nephritis	?
Other contributory causes of importance:	
Auricular fibrillation	2 years

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Albert E. Sidney M. D.

(Address) 2939 The Alameda.

F 33343

33343

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hospitals Ward)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR World War

2. FULL NAME John Mitchell
(a) Residence: No. 805 S. Freemont St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colred	married

5a. If married, widowed, or divorced
HUSBAND of Gertrude
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 27 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	10	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. D040
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charlotte South Carolina

FATHER
13. NAME James
14. BIRTHPLACE (City or town) (State or country) Charlotte S.C.

MOTHER
15. MAIDEN NAME Sarah (Unknown)
16. BIRTHPLACE (city or town) (State or country) Charlotte S.C.

17. INFORMANT Mrs. Gertrude Mitchell
(Address) 805 S. Freemont St.

18. BURIAL, CREMATION, OR REMOVAL
Place National Date Mar 12, 37

19. UNDERTAKER Mrs Katie A. Whittington
(Address) 1222 Lexington Street
Huntington Whittington Registrar.

20. FILED MAR 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury?
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. H. Wright Coroner, M. D.
(Address) 1010 S. Edmondson Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 33344

F 33344 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

948

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mattie Woolford

(a) Residence: No. 1303 Brunt St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Woolford

6. DATE OF BIRTH (month, day, year) 3 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hanover Co Va

FATHER

13. NAME Silas Lewis

14. BIRTHPLACE (city or town) (State or country) Hanover Co Va

MOTHER

15. MAIDEN NAME Alice Lewis

16. BIRTHPLACE (city or town) (State or country) Hanover Co Va

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date Mar 13, 1937

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N. Schroeder St.

20. FILED ..... 19..... [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said [illegible] find that said deceased came (Inquest, Autopsy or Inquiry)

to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(Coronary Thrombosis)	Mar 10 1937

Other contributory causes of importance: .....

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation none Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George C. Allen, M. D.

Coroner

(Address) 20 Augusta St

OCCUPATION is very important. See instructions on back of certificate.

V S 6

33345 HEALTH DEPARTMENT—CITY OF BALTIMORE E 33345

CERTIFICATE OF DEATH

131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 22-2 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....da. How long in U. S. If of foreign birth?.....yrs.....mos.....da.

If U. S. Veteran specify WAR

2. FULL NAME Charles McCray

(a) Residence: No. 214 Emory St. St., ...Ward.....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/30/1908

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	28	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer - odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elevator Operator

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pa. (State or country)

FATHER

13. NAME Charles McCray

14. BIRTHPLACE (city or town) Va. (State or country)

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) Va. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 3/13 19 37

19. UNDERTAKER Walter Craig & Co. (Address) 1 S.W. Hasell St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-10 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-15 1937 to 3-10 1937

I last saw him alive on 3-10 1937. Death is said to have occurred on the date stated above, at 7:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular Renal Disease	7 mos.
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John L. Ramey M. D.

(Address) Baltimore City Hospitals

325704 F 33346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-F 33346

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 9-1 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dr Wm H Longley

(a) Residence: No. 511 E 42nd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hazel Baird

6. DATE OF BIRTH (month, day, year): 31 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Professor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Loyola College

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Nova Scotia

FATHER

13. NAME: Israel Longley

14. BIRTHPLACE (city or town) (State or country): N Scotia

MOTHER

15. MAIDEN NAME: Ermina Morse

16. BIRTHPLACE (city or town) (State or country): N Scotia

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Cem. Date: 3/12, 1937

19. UNDERTAKER: Henry Uz Mears & Son

(Address) 502 N. Calvert St.

20. FILED: APR 12 1937 Huntington Willis, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1937, to March 10, 1937

I last saw him alive on March 10, 1937. Death is said to have occurred on the date stated above, at 815 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor malignant	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Aug 26, 1936

For what disease or injury? Brain tumor

Name of operation: left craniotomy

What test confirmed diagnosis? Microscopic, there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James Monroe Mason III M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 3

326082

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33347

CERTIFICATE OF DEATH

108

F 33347

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 27-18 St. Ward)

Length of residence in city or town where death occurred 40 yrs. 4 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Rose If U. S. Veteran specify WAR

(a) Residence: No. 5302 Park Hgts av St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 4, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John M Rose

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Cumberland

16. BIRTHPLACE (city or town) (State or country) D C

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. 3/13 1937

19. UNDERTAKER Henry H. Mears & Son

(Address) 505 N. Calvert St.

20. FILED 3/12 1937 Huntington Willard, Registrar.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10. 1937

22. I HEREBY CERTIFY, That I attended deceased from March 7. 1937 to March 10. 1937

I last saw him alive on March 10. 1937 Death is said to have occurred on the date stated above, at 7.47 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-7-37
Other contributory causes of importance:	
Epilepsy - Grand Mal	1930

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Frederick C. Weber Jr., M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

#11505

CERTIFICATE OF DEATH

F 33348

45-CF 33348

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? 46 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank Strychartz

(a) Residence: No. 518 S. Durham St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1855 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60 20

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Austria (State or country)

FATHER

13. NAME Tom

14. BIRTHPLACE (city or town) Austria (State or country)

MOTHER

15. MAIDEN NAME Maggie

16. BIRTHPLACE (city or town) Austria (State or country)

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 3-12 . 1937

19. UNDERTAKER J. J. Fahey & Sons

(Address) 1318 Light St

20. FILED , 19 Registrar.

MAR 12 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-6 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-8 1936 to 3-6 1937

I last saw him alive on 3-6 1937 Death is said to have occurred on the date stated above, at 5 40 P.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Mouth

Date of onset Unk

Other contributory causes of importance:

Was an operation performed? N/O Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? N/O If so, specify

(Signed) John L. Carney M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

33349 CERTIFICATE OF DEATH 11828 107-a F 33349

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospts. 1874 St. W-1 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jennie Addison

If U. S. Veteran specify WAR .....

(a) Residence: No. No Home (Friend) (Usual place of abode) 218 E. Mulberry St St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas (D)

6. DATE OF BIRTH (month, day, year) 12-25-1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick, Md.

FATHER

13. NAME Fleck Knolta

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Addison

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 3-12 . 1937

19. UNDERTAKER J. J. Fahey & Son

(Address) 1318 Light St

20. FILED ..... 19 .....

MAR 12 1937

Registrar.

(Huntington Wortham, M.D.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10. 1937

22. I HEREBY CERTIFY, That I attended deceased from March 8 1937 to March 10 1937

I last saw her alive on March 10 1937 Death is said to have occurred on the date stated above, at 3.15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	1 wk ago
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33350

CERTIFICATE OF DEATH

46-C F 33350

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5117 Edmondson Ave. St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Lucy Mc Stapf

(a) Residence: No. 5117 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND (or) WIFE of Fred C. Stapf.

6. DATE OF BIRTH (month, day, year) April 6-1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11.	4.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Martinsburg (State or country) West Virginia

FATHER

13. NAME Jerome S. Tabler

14. BIRTHPLACE (city or town) Martinsburg (State or country) West Virginia

MOTHER

15. MAIDEN NAME Mary Jane Swaddell

16. BIRTHPLACE (city or town) Martinsburg (State or country) West Virginia

17. INFORMANT Mrs. Fred C. Stapf (Address) 5117 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park. Date 3-12-37

19. UNDERTAKER C. B. Tippett & Son (Address) 1300 Eutaw Place

FILED MAR 12 1937 Registrar. Huntington Williams 3/11/37

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1936 to Mar 10, 1937

I last saw h alive on Mar 7, 1937. Death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion & Trauma	

Other contributory causes of importance:

Carcinoma of Colon

Was an operation performed? Yes Date of Apr 8, 1936.

For what disease or injury? Carcinoma of Colon

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. Swink M. D.

(Address) 4706 Harford Road

M. D. B. 1268-9

33351 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 33351

CERTIFICATE OF DEATH

Registered No. 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4028 Walbrook ave St. 26-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Bush

(a) Residence: No. 4028 Walbrad ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Bush

6. DATE OF BIRTH (month, day, year) January 29 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baltimore City

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police Retired

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 41

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sophia Bush

(Address) 4028 Walbrad ave

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Lawn Cem Date 3/12/37 19

19. UNDERTAKER C. B. Tippett & Son

(Address) Frederick Place

20. FILED MAR 12 1937 Huntington Williams, M.D. Registrar.

2049

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23 1936 to March 10 1937

I last saw him alive on March 9 1937 Death is said to have occurred on the date stated above, at 3.20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular disease	Jan 1936
Broncho Pneumonia Terminal	March 9, 1937

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elvid W. Johnson M. D.

(Address) 3432 Frederick ave

F 33352 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 33352

CERTIFICATE OF DEATH

1. PLACE OF DEATH Volunteers of America Hosp. Registered No. 93-C
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4p St. 4-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John C. Barck If U.S. Veteran specify WAR

(a) Residence: No. 7617 Carson Ave St., Dundalk Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of never married

6. DATE OF BIRTH (month, day, year) March 17th 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. House Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.. Self

10. Date deceased last worked at this occupation (month and year) Feb. 1937

11. Total time (years) spent in this occupation all Life

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Chas O. Barck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Roberts

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Chas B. Bosworth
(Address) 2109 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 3/12/37

19. UNDERTAKER Philip J. Henrich Sons
(Address) 2016 Eastern Ave

Huntington Williams Funeral Home

FILED MAR 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 5, 1937, to Mar. 10, 1937

I last saw him alive on Mar. 10, 1937. Death is said to have occurred on the date stated above, at 5.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Other contributory causes of importance: Influenza	3/3/37

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Elbert C. Reinhardt M.D.
(Address) 2245 Reisterstown Rd. Balto Md

F 33353 3408 Kingsdale F 33353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2102 Swallwood St., 12th Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick Myer Lendler

If U. S. Veteran specify WAR .....

(a) Residence: No. 2102 Swallwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year): 5-28-1935

7. AGE: Years: 1 | Months: 9 | Days: 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: Samuel Lendler
14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER
15. MAIDEN NAME: Naomi Shapiro
16. BIRTHPLACE (city or town) (State or country): Phila Pa

17. INFORMANT: Samuel Lendler
(Address) 2102

18. BURIAL, CREMATION, OR REMOVAL
Place: Beth Tfiloh Date: 3/12/37

19. UNDERTAKER: Otto Lenz & Son
(Address) 1596 E. Baltimore St.

20. FILED MAR 12 1937, 19.... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-12-1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 11, 1937, to Mar 12, 1937

I last saw h... alive on Mar 11, 1937. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Measles	
Other contributory causes of importance: Cardiac failure	

Was an operation performed? none Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Gilbert W. Rosenthal, M. D.

(Address) 2311 Eutaw Place

VS 3

M. D. F. 1268-9

F 33354

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33354

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1722 Aliceanna St. 2-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds How long in U. S. If of foreign birth? 50 yrs. ... mos. ... ds.

2. FULL NAME Anna Purulewska Bielijewska

(a) Residence: No. 1722 Aliceanna St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jacob Bielijewski

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 3-0-0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME ---- Purulewski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr. John Dekowski
(Address) 1722 Aliceanna St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Mar. 13, 1937

19. UNDERTAKER M. F. Sadowski & Sons
(Address) 1809 Eastern Ave.

20. FILED [illegible] 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10 1937

22. I HEREBY CERTIFY, That I attended deceased from March 4 1937 to March 10 1937

I last saw h.. alive on March 10 1937 Death is said to have occurred on the date stated above, at 10a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia (Primary)	3/4/37
Other contributory causes of importance:	
Cardio-Vascular Block	1 day

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, state how

(Signed) [illegible] M. D.

(Address) 2007 E. Fait St.

OCCUPATION is very important. See instructions on back of certificate.

M.D.R. Form 33355

F 33355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2503 Md. ave. St., 12-6 Ward)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Warner Judson Boyd

(a) Residence: No. 2503 Maryland Ave., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND (or) WIFE of James Monroe Boyd

6. DATE OF BIRTH (month, day, year) Aug. 19 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME James Spillman

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Elizabeth Spillman

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. Mabel C. Holmes

(Address) 2503 Md. Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Harris Chapel Date May 14 1937

19. UNDERTAKER Harris Funeral Services

(Address) Baltimore, Md.

20. FILED MAY 14 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11 37 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 19 37 to May 11, 19 37

I last saw h.. alive on May 10, 19 37. Death is said to have occurred on the date stated above, at 2.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	3-9-37
Other contributory causes of importance: Fracture Femur right Jr (Com.)	2-22-37

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide~~ or ~~homicide~~? Yes Date of injury 2-22 1937

Where did injury occur? At Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fall.

Nature of injury Fracture Femur.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George E Crabb M. D.

(Address) 28 W 25th St.

OCCUPATION is very important. See instructions on back of certificate.

1 — 1937

33356 ✓ F 33356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 913 Lamont St. 10 Ward

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Price

If U. S. Veteran specify WAR .....

(a) Residence: No. 913 Lamont St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of .....

6. DATE OF BIRTH (month, day, year) June 24-1936 Pio

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby Food

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Garland Price

14. BIRTHPLACE (city or town) (State or country) McKinney Co Va

MOTHER

15. MAIDEN NAME Pearl Wise

16. BIRTHPLACE (city or town) (State or country) Long Green Md Va

17. INFORMANT Richard W. Price

(Address) 913 Lamont St

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 12 1937 19

19. UNDERTAKER COMMISSIONER OF HEALTH

(Address) Per H. A. Locke

20. FILED ..... 19 ..... Registrar

3070

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchio Pneumonia	2/20/37
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Necropsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George L. Dillon M. D.

Coroner

(Address) 501 Cathedral St

OCCUPATION is very important. See instructions on back of certificate.

F 33357

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33357

93-e

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 217 President St. 3-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Joseph Smith
If U. S. Veteran specify WAR .....

(a) Residence: No. 217 President St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Unknown

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — X

6. DATE OF BIRTH (month, day, year) — Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. ... min.
	about 84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — none (Relief)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — formerly Storekeeper
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation — 50?

12. BIRTHPLACE (city or town) (State or country) — Unknown

MOTHER

13. NAME
14. BIRTHPLACE (city or town) (State or country)

FATHER

15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL MAR 12 1937 19
Commissioner of Health
19. UNDERTAKER Per M. L. Moore
(Address)

20. FILED ... 19 ... Registrar

3069

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) A. M. Wright Coroner M. D.
(Address) 1010 S. Ellwood Ave

OCCUPATION is very important. See instructions on back of certificate.

F 33358

33358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93D

15-10

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4701 Belvedere Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George A.Kestler,

(a) Residence: No. 4701 Belvedere Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary A.Kestler,

6. DATE OF BIRTH (month, day, year) October 5.1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Asst 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mail Supt. U.S.M

10. Date deceased last worked at this occupation (month, year) July 1932

11. Total time (years) spent in this occupation 45 Yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Kestler,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Beck,

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Mary A.Kestler,
(Address) 4701 Belvedere Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date MAR 15 1937

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave.

20. FILED 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 6 1937 to March 11 1937

I last saw h[illegible] alive on March 11 1937 Death is said to ha[illegible] occurred on the date stated above, at 7.46 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	3/6/37
Other contributory causes of importance: Generalized arterio-Sclerosis	

Was an operation performed? ✓ Date of

For what disease or injury? ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Nathan Weinlaud M. D.

(Address) 1900 East Royal Ter.

F 33359

33359 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 18312 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 4 W Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Carl Walter

(a) Residence: No. 740 W. Lexington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-3-1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman & Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York
(State or country)

FATHER

13. NAME Julius Walter

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Tekla ?

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
JOHNS HOPKINS MEDICAL SCHOOL MAR 12 1937
Place Commissioner of Health 19

19. UNDERTAKER Per M. A. Moore
(Address)

20. FILED 19 Registrar

12 1937 3071 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-8 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-29, 1936 to 3-8 1937

I last saw him alive on 3-8 1937. Death is said to have occurred on the date stated above, at 2.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	8 mo.
Other contributory causes of importance: Ascites	5 mo.

Was an operation performed? yes Date of 11-7-36

For what disease or injury? Carcinoma

Nature of operation Gastrostomy

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) W. G. Hoover M. D.

(Address) Balt. City Hosp.

33360 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 33360

CERTIFICATE OF DEATH

C1648

8-3 X 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Gutridge

If U. S. Veteran specify WAR .....

(a) Residence: No. 2734 E. Biddle St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Gutridge

6. DATE OF BIRTH (month, day, year) May 31, 1886

7. AGE Years	Months	Days	If LESS than 1 day or ..... min.
50	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ood

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) West Moreland Co.
(State or country) Va.

FATHER

13. NAME Robert L. Gutridge

14. BIRTHPLACE (city or town) Va.
(State or country)

MOTHER

15. MAIDEN NAME Frances M. (Gutridge)

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 3/15/37 19

19. UNDERTAKER George C. Ruth, Inc.
(Address) 1735-Harford Ave.

20. FILED ..... 19 ..... Registrar.

12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-10, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-6, 1937 to 3-10, 1937

I last saw h. l. M alive on 3-10 1937 Death is said to have occurred on the date stated above, at 9:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	8 days
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hospitals

83361-695

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33361

CERTIFICATE OF DEATH

X-V 95-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joe Santos

If U. S. Veteran specify WAR

(a) Residence: No. Wyoming 4-Ter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/9/99

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Burning Job

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spain

FATHER

13. NAME Manuel Santos

14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER

15. MAIDEN NAME Guarsin Martin

16. BIRTHPLACE (city or town) (State or country) Spain

17. INFORMANT Bureau -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Buckley, W. Va. Date Mar. 13, 1937

19. UNDERTAKER John Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED ... 19... Registrar.

17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1937 to Mar. 11, 1937

I last saw h alive on Mar. 11, 1937. Death is said to have occurred on the date stated above, at 6 40 C m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	M36
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Charles A. Janeway M. D.

(Address) Johns Hopkins Hospital

F 33362

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33362

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH South Baltimore General Hospital — Registered No. ____

CITY OF BALTIMORE: (No. ____ St. 24 Ward 3)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 16 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME William H. Alderton — If U.S. Veteran specify WAR ____

(a) Residence: No. Middletown, Md. St., ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ~

6. DATE OF BIRTH (month, day, year) July 18th 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	76	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Freight 0073

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Edward D. Alderton

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Rachael Kessler

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Hallie Wootton (Address) Middletown Md

18. BURIAL, CREMATION, OR REMOVAL Place Park Pow Va Date 3/12 1937

19. UNDERTAKER E. Schlosman & Son (Address) 1089 Fanoers St

20. FILED 3/12 1937 Huntington Wilkins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/11 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/26 . 1937 to 3/11 . 1937

I last saw him alive on 3/11 . 1937. Death is said to have occurred on the date stated above, at 11:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of the Descending Colon	?
Other contributory causes of importance:	

Was an operation performed? Yes Date of 3/4/37

For what disease or injury? Sarcoma of Des. Colon.

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ . 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Louis J. Krall, M. D.

(Address) South Balto. Gen. Hosp.

M. D. B 1268-9

F 33363

33363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1186

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 19-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Raymond Marion Price If U. S. Veteran specify WAR. None

(a) Residence: No. 1706 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 5-1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mercy Hospital

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norton Va

FATHER

13. NAME Harry T. Price

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Frances J. Reynolds

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Geo. Price (Address) 1706 Hollins St

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem. Date Mar 13. 1937

19. UNDERTAKER Peregoy Bros (Address) 1300 Penna Ave

20. Filed 19 , Registrar.

12-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Cerebral Hr. - Hemat	
	Mar 7

Other contributory causes of importance: Meningitis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Feb 23 1937

Where did injury occur? Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Mercy Hosp.

Manner of injury Fell while washing

Nature of injury Windows.

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Fell while at work

(Signed) Elsie B. Wallace M. D. Coroner

(Address) 1031 St Paul St

OCCUPATION is very important. See instructions on back of certificate.

F 33364

33364 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 4137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. 6 mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME James O'Neill

(a) Residence: No. Prince Frederick, Md., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence O'Neill

6. DATE OF BIRTH (month, day, year) Aug 25. 1853

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
83	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 0886

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annearundel County

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Florence O'Neill
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Central - Calvert Co Date Mar 14 1937

19. UNDERTAKER A. P. Harkness & Son
(Address) Mutual Md

20. FILED Huntingdon Williams, M.D.
12 1937 A 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12. 1937

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1937. to March 12. 1937.
I last saw h/m. alive on March 12. 1937. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3/12/37
Other contributory causes of importance:	

Was an operation performed? yes Date of 3/8/37
For what disease or injury? Prostatic hypertrophy (benign)
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Francis S. Dickey, M. D.
(Address) University Hospital

A&Co. 5-11 2508

F 33365

F 33365 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 729 Mc Kewin an St., 9-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emory J. Collins

(a) Residence: No. 729 Mc Kewin an St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Collins

6. DATE OF BIRTH (month, day, year) Sept 1, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0020

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stationary Engineer

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Henry.

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Adeline Hoffschutter

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Margaret Collins
(Address) 729 Mc Kewin an

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar 13, 1937

19. UNDERTAKER John A. Inman
(Address) 3000 E Balto St.

20. [illegible] Huntington Phillips, M.D.
Registrar.

12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/10/1937.

22. I HEREBY CERTIFY, That I attended deceased from 3/8/1937, to 3/10/1937.

I last saw h[illegible] alive on 3/10/1937. death is said to have occurred on the date stated above, at 11:45a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	3/9/37.
Myocarditis. Chronic	2 Years ago
Coronary Sclerosis	2 Years ago

Other contributory causes of importance:

Arteriosclerosis	2 Years ago

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thomas J. Hirst M. D.
(Address) 532 E 22nd St.

OCCUPATION IS VERY important. See instructions on back of Certificate.

F 33366

33366 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

92-a

Registered No. 10-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 930 Greenmount Avenue St. / Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. 7 mos. 5 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas C. Wooden

(a) Residence: No. 930 Greenmount Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Kenney

6. DATE OF BIRTH (month, day, year) Aug. 5, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas C. Wooden

14. BIRTHPLACE (city or town) (State or country) ------ Maryland

MOTHER

15. MAIDEN NAME ------ Evans

16. BIRTHPLACE (city or town) (State or country) ------ Maryland

17. INFORMANT Rev. Roger K. Wooden
(Address) 1410 Riverside Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cem. Date 3/13 1937

19. UNDERTAKER Henry W. Mears & Son
(Address) 605 N. Calvert St.

20. [illegible] Huntington Williams, M.D.

21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11 1937

22. I HEREBY CERTIFY, That I attended deceased from March 6 1937 to March 11 1937

I last saw him alive on March 10 1937 Death is said to have occurred on the date stated above, at 12.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	1 year

Other contributory causes of importance:

Senility

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. F. Wheeler M. D.

(Address) 1279 Millham Pl

M. D. B 1268-9

F 33367

33367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 6-N Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME August Roeber

(a) Residence: No. 420 N. Rose St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Deana Roeber

6. DATE OF BIRTH (month, day, year) Sept. 12-1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	5	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles Frederick Roeber

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosina Frederick

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Deana Roeber

(Address) 420 N. Rose St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date Mar. 15 19 37

19. UNDERTAKER C. Miller & Son

(Address) 2334 Fulton Ave. St.

20. FILED ..... 19 ..... Registrar

MAR 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anaemia	over
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. H. Wright M. D.
Coroner

(Address) 1010 S. Broadway

OCCUPATION IS very important. See instructions on back of certificate.

M. D. B 1268-9

F 33368

33368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

6-3 / 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 206 N. Madeira St.) (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Madden

If U. S. Veteran specify WAR .....

(a) Residence: No. 206 N. Madeira St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Wm. F. Madden

6. DATE OF BIRTH (month, day, year) Jan. 23-1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Benjamen Wills

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Elizabeth Phillips

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Wm. F. Madden

(Address) 206 N. Madeira St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Mar. 13/37

19. UNDERTAKER E. Myller & Son

(Address) 2334 Jefferson St.

20. Filed 1937 Huntington Village, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/4/37 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to h.s death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac failure

Was an operation performed? No Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify.

(Signed) Paul Schenker, M. D. Coroner

(Address) 1919 E. North ave

OCCUPATION is very important. See instructions on back of certificate.

(Gagnow)

F 33369

33369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edgar Gagnon

(a) Residence: No. Mt Rainier Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Katherine Paquette

6. DATE OF BIRTH (month, day, year) Aug. 14, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. telegrapher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. navy dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (city or town) (State or country) N. Y. State

FATHER

13. NAME Napoleon

14. BIRTHPLACE (city or town) (State or country) N. Y. State

MOTHER

15. MAIDEN NAME Alphonsine Lapoint

16. BIRTHPLACE (city or town) (State or country) N. Y. State

17. INFORMANT Mrs. Edgar Gagnon

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Rainier Md Date 3-12 1937

19. UNDERTAKER Elmus R. Speare

(Address) Mt. Rainier Md.

20. FILED 3-12-1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-12-1937

22. I HEREBY CERTIFY, That I attended deceased from March 1 1937 to March 12 1937

I last saw h.. alive on March 12 1937 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension - Cardiovascular Renal disease	
Pulmonary edema	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No - If so, specify

(Signed) Paul Schwartz M. D.

(Address) University Hospital

33370 32420

HEALTH DEPARTMENT—CITY OF BALTIMORE

33370

CERTIFICATE OF DEATH

X 117-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. 7-5 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lewis Hanong — If U. S. Veteran specify WAR

(a) Residence: No. Spring Grove Hospital St., Ward. Catonsville Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/20/98

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hospital Attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mich

FATHER

13. NAME Myrong Hanong.

14. BIRTHPLACE (city or town) (State or country) Mich

MOTHER

15. MAIDEN NAME Florence Wage

16. BIRTHPLACE (city or town) (State or country) Mich

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Druid National Date 3/13/37 19

19. UNDERTAKER Harry H. Wiske (Address) 1031 Edmondson Ave

20. FILED 13 1937 [illegible], Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 3 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 . 1937 to March 3 . 1937

I last saw h[illegible] alive on March 3 . 1937 Death is said to have occurred on the date stated above, at 4:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Ulcer	1935

Other contributory causes of importance:

Bronchio-pneumonia
Cardiac Failure

Was an operation performed? Yes Date of 2-6-37 & 2-27-37

For what disease or injury? Gastric Ulcer

Name of operation Excision of ulcer, & post. gastro-Enter.

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward J. Stafford M. D.

(Address) Johns Hopkins Hosp.

July-11-1860 F 33371

33371 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2027 Druid Hill St. (Ward) 14th

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Eliza E. Johnson

(a) Residence: No. 2027 Druid Hill St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert L. Johnson

6. DATE OF BIRTH (month, day, year) 7-11-1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Murray Keene

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Betsy Marine

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lottie J. Willis daughter

(Address) 2027 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 3-14-37

19. UNDERTAKER John M. Johnson

(Address) 1700 Druid Hill Ave.

3-13-1937 Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 11th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1937 to March 11 1937

I last saw her alive on Mar 10th 1937. Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	3/3/37
Other contributory causes of importance: Arterio Sclerosis	12/2/36
Cat. ac. Bronchopneumonia	

Was an operation performed? No Date of Nephrectomy

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Jno Barley M. D.

(Address) 579 N Caroline

325-997

F 33372

33372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-a

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No.) St., 27-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice F. Brownley

If U. S. Veteran specify WAR

(a) Residence: No. 305- Northumberland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thos. S. Brownley

6. DATE OF BIRTH (month, day, year): 12-20-79

7. AGE: Years 57; Months 2; Days 22; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H-Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): U S -

FATHER

13. NAME: Chas. H. Fenhagen M D -

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Jane Crump M D -

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Records - Johns Hopkins Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Green Mount Date Mch 13, 1937

19. UNDERTAKER: John O. Mitchell Sons

(Address) 1900 Eutaw Place

20. FILED 13 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 5- 1937 to Mar. 12 1937

I last saw her alive on Mar 12 1937 Death is said to have occurred on the date stated above, at 5.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Monocytic Leukemia	12-7-36
Other contributory causes of importance:	
Stomatitis	2/26/37
Hemorrhage from G.I. tract	3-12-37

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Blood Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Reuben A. Blomquist M. D.

(Address) Johns Hopkins Hosp. Balt. Md.

F 33373 ✓ E 33373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1139 W. Saratoga St. 18-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martha Kelley

If U. S. Veteran specify WAR .....

(a) Residence: No. 1139 W. Saratoga St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo W. Kelley

6. DATE OF BIRTH (month, day, year) Dec 23, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year) 20 years ago

11. Total time (years) spent in this occupation Not known

12. BIRTHPLACE (city or town) (State or country) Gloucester Co. Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Bertha C. B. Young

(Address) 1139 W. Saratoga St

18. BURIAL, CREMATION, OR REMOVAL Mt. Calvary Cem. Date 3-13- 1937

19. UNDERTAKER J. Vernon Pfaffinger

(Address) 878 Druid Hill Ave

20. FILED Washington Wilkerson, Registrar.

MAR 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-11, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-26, 1937 to 3-11, 1937

I last saw her alive on 3-10, 1937 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular disease of heart	1934
Other contributory causes of importance:	
nephritis	Nov 1936
	Oct

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John E. T. Camper M. D.

(Address) 439 N. Grey St

33374 F 33374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital, 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Distance

(a) Residence: No. 824 Rutland Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) February 28/1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	—	11 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles T. Distance

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Edith Rynes

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Charles Distance

(Address) 824 Rutland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cemetery Date March 13 1937

19. UNDERTAKER R. Hurst O'Williams

(Address) 1515 McCulloh St

13 1937 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/14/37 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia	

Other contributory causes of importance:

—

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Final Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

— If so, specify .....

(Signed) Paul Ahrenbeck M. D.
Coroner

(Address) 1111 E. Fayette Ave.

OCCUPATION is very important. See instructions on back of certificate.

33375 F 33375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a
21596

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITALS St. 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Arthur Bustin

(a) Residence: No. 1022 Madison Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Pearl Bustin

6. DATE OF BIRTH (month, day, year): 5-6-1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sparrows Pt.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): North Carolina

FATHER

13. NAME: William Bustin

14. BIRTHPLACE (city or town) (State or country): N.C.

MOTHER

15. MAIDEN NAME: Mary Conner

16. BIRTHPLACE (city or town) (State or country): N.C.

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Mount Calvary Date: March 16th 1937

19. UNDERTAKER: Mrs Lottie Gross
(Address) 1408 Ashland ave

20. FILED 19 Registrar.

MAR 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 11. 1937

22. I HEREBY CERTIFY, That I attended deceased from March 5 1937 to March 11 1937.

I last saw him alive on March 11 1937. Death is said to have occurred on the date stated above, at 10 35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1 hr ago.
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical & Pathological Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. De Lautelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

33376 ✓ F 33376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Lee

(a) Residence: No. 4527 Edmondson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Premature

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/8/37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1½	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000 Premature

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Lee

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Armanda Barns

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date MAR 13 1937 19

19. UNDERTAKER Commissioner of Health
(Address) Per M. A. Moore

20. FILED MAR 13 1937 19 Huntington Williams, M.D.

3074

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/9/37 19

22. I HEREBY CERTIFY, That I attended deceased from 3/8/37 19 to 3/9/37 19

I last saw h[illegible] alive on 3/9/37 19 . Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	
Cyanosis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. E. Taylor M. D.

(Address) University Hosp.

F 33377

33377 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 20-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Edwards

(a) Residence: No. 1815 Vine St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	W

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/6/1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	66	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) N. C.
(State or country)

FATHER

13. NAME Guy Williams

14. BIRTHPLACE (city or town) N. C.
(State or country)

MOTHER

15. MAIDEN NAME Clara

16. BIRTHPLACE (city or town) N. C.
(State or country)

17. INFORMANT Records of Balto. City Hospits.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Weldon, N. C. Date 3/13, 1937

19. UNDERTAKER Walter B. Spratt
(Address) 132 W. Hunt St.

20. FILED ..... 19 ..... Register.

MAR 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-8, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-6, 1937 to 3-8, 1937

I last saw her alive on 3-8, 1937 Death is said to have occurred on the date stated above, at 9 20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	9 days
Generalized Arteriosclerosis	?

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. A. Hoover M. D.

(Address) Balt. City Hosp.

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

33378 ✓ D 33378

33378

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 n Pine St., 4-2 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George W. Beach

(a) Residence: No. 217 Pine St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Beach

6. DATE OF BIRTH (month, day, year): ~~March~~ Aug. 25, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
68	68	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: not known

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Eliza Beach

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Mary Beach - wife
(Address) 217 Pine St.

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Cemetery Date 3/12 37 19

19. UNDERTAKER: Thomas C. Kelson
(Address) 1303 Pressman St

13 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1937, to March 10, 1937.

I last saw him alive on March 10, 1937. Death is said to have occurred on the date stated above, at 10:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	about a month ago

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Phys. signs and symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. F. Schmidt M. D.

(Address) 2210 Eliza Parkway

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33379

CERTIFICATE OF DEATH

210-M F 33379

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME FRANK C. BOLTON

(a) Residence: No. OWINGS MILLS Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie A. Johnson

6. DATE OF BIRTH (month, day, year) Jany 22. 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	1	21 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired of 45

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. paint merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

FATHER

13. NAME Daniel Bolton

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT F. NEILSON BOLTON

(Address) Owings Mills

18. BURIAL, CREMATION, OR REMOVAL

Place Loyden Park Date Mch 13, 1937

19. UNDERTAKER J. Fred Mitchell & Sons

(Address) 1900 Eutaw Place

MAR 12 1937 Washington, Philadelphia

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH 415 AM

21. DATE OF DEATH (month, day, year) 3/12/37 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hypostatic Pneumonia	2 10

Other contributory causes of importance: Grippe Influenza (Flu)

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury 1-14 . 19 37

Where did injury occur? 1400 Park Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by auto

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Neill Grayley Auto . M. D.
Coroner

(Address) 907 N. Charles St.

F 33380 ✓ F 33380

HEALTH DEPARTMENT—CITY OF BALTIMORE

20436

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts St. 13-8-59 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1901 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Paul Mehr

If U. S. Veteran specify WAR .....

(a) Residence: No. 1422 Morling Ave., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Mehr

6. DATE OF BIRTH (month, day, year) 10-11-~~1876~~ 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62 ~~60~~	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60 to 1

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME Peter Paul Mehr

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Augusta Terves

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT (Address) Records of Balto. City Hospts.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 3/15 1937

19. UNDERTAKER (Address) Jno. Cook & Co 1219 E. Baltimore St.

MAR 13 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1937 to March 12 1937

I last saw him alive on March 12, 1937 Death is said to have occurred on the date stated above, at 12 05a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular disease	Unknown
Other contributory causes of importance:	
Diabetes mellitus	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical & pathological

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hobart Tuttle M. D.

(Address) Baltimore City Hospitals

OCCUPATION IS very important. See instructions on back of certificate.

VS 3

F 33381 ✓ F 33381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 210-M

1. PLACE OF DEATH South Baltimore Gen Hos

CITY OF BALTIMORE: (No. ..... St. 24 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clyde Franklin Wright

If U. S. Veteran specify WAR .....

(a) Residence: No. 2943 S. 16th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel E. Wright

6. DATE OF BIRTH (month, day, year) Aug 19-1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam fitter helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shipyard

10. Date deceased last worked at this occupation (month and year) 3-11-37

11. Total time (years) spent in this occupation 1 6/12

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

MOTHER

13. NAME Ellen Wright

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Ellen Crow

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Mabel E. Wright
(Address) 2943 S. 16th St Phila Pa

18. BURIAL, CREMATION, OR REMOVAL Phila Pa Date 3/13/37

19. UNDERTAKER Jos. McCorkle & Son
(Address) 2147 E. Lombard St

MAR 13 1937 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH 11-15-37

21. DATE OF DEATH (month, day, year) 3/11-37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Pneumonia Right	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 3-11-37, 19

Where did injury occur? 1600 Block E. Lombard St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Fell by hit + Run

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Arthur Hurley Auto, M. D.
Coroner

(Address) 907 N Chapel

OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 33332 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33382

CERTIFICATE OF DEATH

11-a

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3818 Clipper Rd. St.) 13-8 Ward

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard M Whitehead

(a) Residence: No. 3818 Clipper Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Whitehead

6. DATE OF BIRTH (month, day, year) Jan 2 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montgomery Co. Md.

FATHER

13. NAME John M Whitehead

14. BIRTHPLACE (city or town) (State or country) Prince George Co. Md

MOTHER

15. MAIDEN NAME Elizabeth Wilson

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT John M Whitehead
(Address) 1401 N. 36th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date 3/15 1937

19. UNDERTAKER Richard E Lemley F.D. Inc.
(Address) 1341 Gorsuch Ave

20. Filed MAR 13 1937 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 11th 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 1st 1937 to March 11th 1937

I last saw h alive on Mar 11th 1937 Death is said to have occurred on the date stated above, at 5 P M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bobar Pneumonia	
Contributing from Fx Hip	3 days

Other contributory causes of importance: Senility & Prostatic T.C.

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Physical & Clinical findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. T. Tilden, M. D.

(Address) 3611 Fairmount Rd. Baltimore Md.

F 33383 ✓ F 33383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45-13

Registered No. 24-44

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1510 Boyle St. Life Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert Anderson

(a) Residence: No. 1510 Boyle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hannah Anderson

6. DATE OF BIRTH (month, day, year): April 14 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Saloon 00+0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: ?

14. BIRTHPLACE (city or town) (State or country): Harford Co. Md.

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): Harford Co. Md.

17. INFORMANT: Mrs. Catherine Williamson
(Address) 1510 Boyle St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Adam's Hill Date: 3/15 37

19. UNDERTAKER: Richard F. Leylatt F.D. No. 7041
(Address) 1041 Gorsuch Ave

20. FILED: MAR 13 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 12. 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10 1936 to Mar. 12. 1937

I last saw him alive on Mar. 11 1937. Death is said to have occurred on the date stated above, at 2:55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Tongue (Indefinite)	
Other contributory causes of importance: Exhaustion	3/10/37

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John M. Campbell M. D.

(Address) 1644 Hanover St

F 33334

F 33334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

207-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital 12-7 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Abraham S. Keller

If U. S. Veteran specify WAR .....

(a) Residence: No. 2840 Huntingdon Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Estella M. Keller

6. DATE OF BIRTH (month, day, year) Oct ? 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R R

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Joseph Keller

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Barbara Smith

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Estella M. Keller
(Address) 2840 Huntingdon Ave

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Date March 13 1937

19. UNDERTAKER E. Kingsbury & Son
(Address) 3615 W. Chestnut Ave

RECEIVED MAR 13 1937 Huntington Pittman, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry) to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance: —

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3/10/ 1937

Where did injury occur Penna. R.R. (Maryland Ave. Balto.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Deceased was struck in head by a signal and thrown from the train

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Schenker M. D.
Coroner

(Address) 1917 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

F 33385

33385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital 47-C

Registered No.

CITY OF BALTIMORE; (No. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Whitley

(a) Residence: No. Elkridge Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Ina Lydia Whitley

6. DATE OF BIRTH (month, day, year) Aug 28, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	6	11 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan. 27, 1937

11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Henry Whitley

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Mary Collins

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Mrs Ina L. Whitley

(Address) Elkridge Md

18. BURIAL, CREMATION, OR REMOVAL

Melville M.E. Cemetery Elkridge Md. Date March 15, 1937

19. UNDERTAKER E. Leroy Stiffler, Incr

(Address) 25 E. Pratt ave

20. FILED MAR 13 1937 Huntington Nathaniel, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-11-37

22. I HEREBY CERTIFY, That I attended deceased from 3/10/37, 19 to 3/11/37, 19

I last saw h[im] alive on 3/11/37, 19. Death is said to have occurred on the date stated above, at 5:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Bronchogenic Carcinoma	?
Other contributory causes of importance: Metastatic Carcinoma Brain	12/36
Hemaplegia	3/1/37

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. G. Stelfuch M. D.

(Address) Univ. Hospital

OCCUPATION IS VERY Important. See instructions on back of certificate.

33386 **HEALTH DEPARTMENT—CITY OF BALTIMORE** V F 33386

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1910-Sherwood Ave. St. 9-8 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Constant G. Getz

If U.S. Veteran specify WAR no

(a) Residence: No. 1910-Sherwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence (Mullen)

6. DATE OF BIRTH (month, day, year) 3/4/1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	-	7	xxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City Hwy. D

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Caspar Getz

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Margaret Bane

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Florence Getz

(Address) 1910-Sherwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 3/15/37

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735-Harford Ave.

R 13 1937

Huntington Williams, Registrar

17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 18 1937 to March 11 1937

I last saw him alive on March 16-37. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis	Before death
Other contributory causes of importance: Pulmonary Tuberculosis	Before death

Was an operation performed? — Date of —

For what disease or injury? —

What test confirmed diagnosis? Death Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Patrick J. Ryan M. D.

(Address) 112 W. 25 St.

OCCUPATION is very important. See instructions on back of certificate.

33387

F 33387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 47B

1. PLACE OF DEATH — Eutaw Place & Brooks Lane

CITY OF BALTIMORE: (No. Esplanade Apts. St., 13-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME — Ida S. Schloss

If U. S. Veteran specify WAR .....

(a) Residence: No. Esplanade Apts. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Schloss

6. DATE OF BIRTH (month, day, year) Aug. 2, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Meyer Stein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rose Rosenstock

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. S. Thanhouser,

(Address) Esplanade Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebrew Cem. Date Mch. 14, 1937

19. UNDERTAKER Harris Sondheim & Son

(Address) 1902 Eutaw Place

13 1937 Huntington Williams, M.D.

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1937, to March 12, 1937

I last saw h[illegible] alive on March 12, 1937. Death is said to have occurred on the date stated above, at 2.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lungs	6 mos.
Other contributory causes of importance:	
Broncho-pneumonia	3 days

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X Ray + Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) S. Frederick Lee, M. D.

(Address) Temple Garden Apts.

OCCUPATION is very important. See instructions on back of certificate.

vs 3

F 33388

HEALTH DEPARTMENT—CITY OF BALTIMORE

33388

CERTIFICATE OF DEATH

X ✓140-122B

17-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNION MEMORIAL HOSPITAL Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME MRS. FRANK STEPHEN PENN (Celia)

If U. S. Veteran specify WAR .....

(a) Residence: No. MT. AIRY, MD. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of FRANK S. PENN

6. DATE OF BIRTH (month, day, year) 9/9/05

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
31	4 6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE no37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HOME

10. Date deceased last worked at this occupation (month and year) 3/2/37

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

FATHER

13. NAME Charles N. Smith.

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

MOTHER

15. MAIDEN NAME Mary A Murphy.

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMANT Mr. Frank S. Penn.

(Address) Mt. Airy, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Pine Grove Cem. Date March 16, 37

19. UNDERTAKER C. M. Waltz

(Address) Westfield Md.

FILED MAR 13 1937 Washington Williams

OCCUPATION is very important. See instructions on back of certificate.

V9 3

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 3/13, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/9/37, 1937, to 3/13, 1937

I last saw her alive on 3/13, 1937. Death is said to have occurred on the date stated above, at 7.53 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PELVIC PERITONITIS	3/7/37
	con
Other contributory causes of importance:	
PARALYTIC ILEUS	3/9/37

Was an operation performed? NO Date of NO

For what disease or injury? NO

Name of operation NO

What test confirmed diagnosis? CLIN Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NO Date of injury — , 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify NO

(Signed) S. D. Sunday M. D.

(Address) Union Memorial Hospital

F 33389

33389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2534 McCulloh St. 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Morris

If U. S. Veteran specify WAR .....

(a) Residence: No. 2534 McCulloh St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: widowed

6. DATE OF BIRTH (month, day, year): March 3, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Luke Morris

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Lila Hakes
(Address) 2534 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL
Place: Laurel Date: 3/14 1937

19. UNDERTAKER: Isaiah L. Brown Son
(Address) 16 W. Mulberry St

20. FILED ..... 19.... ..... Registrar.

MAR 13 1937 Huntington Maryland, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/10, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/1, 1937, to 3/10, 1937

I last saw him alive on 3/10, 1937. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis	
+ Uremia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Ben Klutter, M. D.

(Address) 2434 Div St

OCCUPATION is very important. See instructions on back of certificate.

33390 F 33390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2128 CORBIN RD. St., 27-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. LIFE mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ANNA HENNING

If U. S. Veteran specify WAR ...

(a) Residence: No. 2128 CORBIN RD. St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	WIDOW

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of PAUL HENNING

6. DATE OF BIRTH (month, day, year) DEC. 7/1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

FATHER

13. NAME STERN

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME MARGARET SCHMIDTEIN

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT MARGARET ZEILER (DAUGHTER)

(Address) 2128 Corbin Road

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 15 19 37

19. UNDERTAKER Zeiler & Zeiler Inc

(Address) 403 S. Dolfield St.

20. FILED ... 19 ... Registrar.

MAR 13 1937 Huntington Mitchell, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 11. 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28 1936 to Mar 11 1937

I last saw her alive on Mar 11 1937 Death is said to have occurred on the date stated above, at 1 0/15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anaemia —	
Mar 5 — 1937 to	
Mar 11 1937	
Other contributory causes of importance:	
Hemiplegia of Pulmonary	
Embolism — Stenosis	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) B. V. Kelly M. D.

(Address) 100 N. Linwood Ave

33391 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 33391

933c

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 S Conkling St., 76-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Schenk

If U. S. Veteran specify WAR .....

(a) Residence: No. 1008 S Conkling St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Crescentia Schenk

6. DATE OF BIRTH (month, day, year) July - 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Martin Schenk

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Fisher (Sister)

(Address) 3821 Foster Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Mar 15 37

19. UNDERTAKER Lilly & Feilenstein

(Address) 405 S Wolfe St

20. FILED ..... 19 .....

Registrar.

MAR 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 2 1937 to Mar 10 1937

I last saw him alive on Mar 7 1937 Death is said to have occurred on the date stated above, at 6:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Hypertrophy	1935
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Thos F Feldmann M. D.

(Address) 350 N Fulton Ave

Huntington Williams, Nos

OCCUPATION is very important. See instructions on back of certificate.

F 33392

33392 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 Gorsuch Ave St., 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Edgar Fussell

(a) Residence: No. 814 Gorsuch Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Dec 8, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RR Telegraph Operator B&O

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lynchburg Va

FATHER

13. NAME Jos Brent Fussell

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Lydia Gordon

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Lydia M Link

(Address) 814 Gorsuch Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary Woods Date Mar. 15 1937

19. UNDERTAKER Ruth Wiedefeld

(Address) 914 Greenmount Ave

Filed MAR 13 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1937 to March 14, 1937

I last saw him alive on March 14, 1937. Death is said to have occurred on the date stated above, at 7.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	Feb. 37
Chronic Myocarditis	Jan. 37
Other contributory causes of importance:	
Hypertension	Jan 37
Chronic Nephritis	Jan 37

Was an operation performed? No Date of .....

For what disease or injury? None

Name of operation None Date of .....

What was confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Frank M. Ogden, M. D.

(Address) 2701 N. Calvert St

OCCUPATION is very important. See instructions on back of certificate.

33393 F 33393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 N. Hare St. St., 6-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Katherine Reahl

If U. S. Veteran specify WAR.

(a) Residence: No. 116 N. Hare St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Paul J. Reahl

6. DATE OF BIRTH (month, day, year) July 29-1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71 72	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 10/37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Philip Daynstadt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorothea Ebner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sophia Ellinger

(Address) 116 N. Hare St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rod. Date March 15-37

19. UNDERTAKER J. A. McDan

(Address) 3000 E. Balto St

20. ATTEND... Huntington Williams M.D.

MAR 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/12, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1930, 19..., to March 12, 1937, 19...

I last saw her alive on March 12, 1937, 19... Death is said to have occurred on the date stated above, at 5.15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	Unknown
Chronic Nephritis	Unknown
Chronic Cystitis	Unknown

Other contributory causes of importance:

Cerebral Hemorrhage	3/10/37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philibert Artigiani M. D.

(Address) 2942 East Fayette Street

OCCUPATION is very important. See instructions on back of certificate.

F 33394

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33394

CERTIFICATE OF DEATH

1933

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 134 Rockchester (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Blanche Rambo

(a) Residence: No. 134 Rockchester Pl St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Rambo

6. DATE OF BIRTH (month, day, year) May 21-1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	9	1120	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilmington, Del.

FATHER

13. NAME John Mc Rowen

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Francis Brenton

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT George W. Rambo (Address) 134 Rockchester Pl.

18. BURIAL, CREMATION, OR REMOVAL Place Wilmington Del. Date March 15-37

19. UNDERTAKER L. A. Warren (Address) 1000 E. Baltimore St.

20. FILED Huntington Williams 3/13/37

MAR 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11-37. 19

22. I HEREBY CERTIFY, That I attended deceased from March 1-1933 19..... to March 11-37 19.....

I last saw her alive on March 11-37 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Deg.	4 yrs
Other contributory causes of importance:	
None	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. J. Heimann, M. D.

(Address) 2933 E. Baltimore

OCCUPATION is very important. See instructions on back of certificate.

33395 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 33395

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorothy May Feat

If U. S. Veteran specify WAR

(a) Residence: No. Centreville Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	B.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 27, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Centreville Md.

FATHER

13. NAME William Feat

14. BIRTHPLACE (city or town) (State or country) Queen Anne Co. Md.

MOTHER

15. MAIDEN NAME Blanche Kirby

16. BIRTHPLACE (city or town) (State or country) Centreville Md

17. INFORMANT Mrs Otis
(Address) Centreville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Centreville Md Date March 13 1937

19. UNDERTAKER Bernard P. Kingsley
(Address) 215 Grand Hall Ave

MAR 14 1937 Washington Co., Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-13-1937

22. I HEREBY CERTIFY, That I attended deceased from 3-6-1937 to 3-13-1937

I last saw h. alive on 3-13-1937 Death is said to have occurred on the date stated above, at 2.58 a.m.

The principal cause of death and related causes of importance were as follow:

	Date of onset
Tuberculous meningitis	Feb 12 1937
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. M. Waghelstein M. D.

(Address) Sydenham Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

F 33396

F 33396 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

349-23

Registered No. 10-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Penitentiary Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jesse W. Turner

(a) Residence: No. 954 Forrest St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Turner (Died)

6. DATE OF BIRTH (month, day, year) July 24, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
24	25	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Mill 1046

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mount Springs, Virginia

FATHER

13. NAME Robert Turner

14. BIRTHPLACE (city or town) (State or country) Oakville, Virginia

MOTHER

15. MAIDEN NAME Mary Walker

16. BIRTHPLACE (city or town) (State or country) Texas, Virginia

17. INFORMANT Himself

(Address)

18. BURIAL, CREMATION, OR REMOVAL Loftsomatic & Co.

Place Sprout Spring Date 3-14-1937

19. UNDERTAKER Mrs R. A. Elliott & Daughter

(Address) 1129 N. Caroline St

20. FILED MAR 14 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-11-37

22. I HEREBY CERTIFY, That I attended deceased from August 14th, 1936 to March 11th, 1937

I last saw him alive on March 11th, 1937. Death is said to have occurred on the date stated above, at 8.00 P m.

The principal cause of death and related causes of importance were as follows: Pulmonary Tuberculosis — Date of onset 8/14/36

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify ...

(Signed) John F. Aubrey M. D.

(Address) Temple Court Apts

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(Over)

F 33397

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33397

CERTIFICATE OF DEATH

18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. St. W. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul Cromwell

If U. S. Veteran specify WAR

(a) Residence: No. Spidmore, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B.	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 9, 1919

7. AGE	Years	Months	Days	If L[illegible] than 1 da[illegible] hrs. or [illegible]n.
	17	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0240

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spidmore Md.

FATHER

13. NAME Albert Cromwell

14. BIRTHPLACE (city or town) (State or country) Spidmore Md

MOTHER

15. MAIDEN NAME Blanche Murray

16. BIRTHPLACE (city or town) (State or country) Spidmore Md

17. INFORMANT Francis Murray

(Address) Spidmore Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Crodnack Date Mch. 17 1937

19. UNDERTAKER J. B. Johnson

(Address) Annapolis

20. FILED MAR 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-13-1937

22. I HEREBY CERTIFY, That I attended deceased from 3-4- 1937 to 3-13- 1937

I last saw h[illegible] alive on 3-13-37, 19[illegible] Death is said to have occurred on the date stated above, at 6 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus Meningitis	3-3-37
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Lumbar puncture

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Paul [illegible] M. D.

(Address) Sydenham Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 33398

33398 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2104 Ramsay St. 20-5 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. 4 ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Pauline M. Eck

(a) Residence: No. 2104 Ramsay St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Adam Eck

6. DATE OF BIRTH (month, day, year) March 8th 1868

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69	—	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Anna C. Schmidt
(Address) 2104 Ramsay St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cemetery Date March 15th 1937

19. UNDERTAKER George L. Schwatt.
(Address) 2101 Frederick Ave.

20. FILED MAR 14 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 5 1937 to Mar 12 1937

I last saw h alive on Mar 12 1937 Death is said to have occurred on the date stated above, at 12 05 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerotic cardio - vascular disease 2 yrs	

Other contributory causes of importance:

Generalized anasarca	2 days

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Benjamin Miller M. D.

(Address) 2020 Wilkens Ave

STATE CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

F 33399

F 33399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4 - 2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME C. Price Jackson Jones

(a) Residence: No. Pennsylvania Ave, St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown. 1916.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Terrville Md

FATHER

13. NAME Price Jackson

14. BIRTHPLACE (city or town) (State or country) Charlestown Md

MOTHER

15. MAIDEN NAME Mary Madrey

16. BIRTHPLACE (city or town) (State or country) Hagerstown Md.

17. INFORMANT Hospital Records
(Address) Balto. Md.

18. ~~BURIAL~~, CREMATION, OR REMOVAL
Place Terrville Md. Date March 15 1937

19. UNDERTAKER Lee & Patterson
(Address) Terrville Md.

20. FILED March 16 1937 Livingston Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13 1937

22. I HEREBY CERTIFY, That I attended deceased from March 8 1937 to March 13 1937

I last saw him alive on March 13 1937 Death is said to have occurred on the date stated above, at 7.30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis lethargica	3/8/37
Other contributory causes of importance: Bronchopneumonia	

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Paul Holmfeld, M. D.
(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 33400

F 33400 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 Ashland Ave St., 9-4 Ward)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Scott

(a) Residence: No. 1712 Ashland Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nancy Scott

6. DATE OF BIRTH (month, day, year) Nov 17-1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	3	22 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westmoreland Va.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Sallie Langston

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mary A Scott

(Address) 1712 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 3-15- 1937

19. UNDERTAKER Mrs Pierce McClellan daughter

(Address) 1129 Caroline St,

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-11 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Sept 1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George C. Allen M. D.
Coroner

(Address) 50 S Amity St

V 5 6

See instructions on back of certificate.
OCCUPATION is very important.

F 33401

33401 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 21124

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. a St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1930 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucille White

If U. S. Veteran specify WAR

(a) Residence: No. 750 W. Redwood St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tillman

6. DATE OF BIRTH (month, day, year) 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME James Fair

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Charlotte

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Date 3/15/37

19. UNDERTAKER Wm A Jackson Funeral
(Address) 916 W Fayette St

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1937, to March 11, 1937

I last saw her alive on March 11, 1937. Death is said to have occurred on the date stated above, at 1 00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	Unknown
Other contributory causes of importance:	
None	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) H. L. Le Sueur M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

V9 3

33402

F 33402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH W. Balto. Gen. Hosp. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 16-8 Ward)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME George Owens.

(a) Residence: No. 4018 Edmondson Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Owens

6. DATE OF BIRTH (month, day, year) Mar 22nd 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contracting

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Betterton Md

FATHER

13. NAME George Edward Owens

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary A. Bromble

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ida Owens

(Address) 4018 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Still Pond Md Date Mar 14th 37

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 (Signature)

R 17 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-12-37. 19

22. I HEREBY CERTIFY, That I attended deceased from 3-18-37. 19 to 3-12-37. 19

I last saw him alive on 3-12-37. 19 Death is said to have occurred on the date stated above, at 5:40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral haemorrhage	
Cerebral arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify Milton Levin M.D.

(Signed) H. H. Kitteridge M. D.

(Address) W. Balto. Gen. Hosp.

33403

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33403

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 1852 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Bowen

(a) Residence: No. 109 N. Carey St., ... Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed,~~ or Divorced (write the word)
Male	White	Divorced

5a. If ~~married, widowed, or~~ divorced HUSBAND of ~~WIFE of~~ Unknown

6. DATE OF BIRTH (month, day, year) April 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate 0045

10. Date deceased last worked at this occupation (month and year) Mar 1937

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME William A. Bowen

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Mary E. Atkinson

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Rose R. McDowell

(Address) 2129 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Mar 15th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1937 19 ... Registrar.

Burton Pittman, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-13 1937

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1937 to March 13, 1937

I last saw him alive on March 12, 1937 Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Paul Schonfeld, M. D.

(Address) University Hospital

33404 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 33404

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 Mc Kewin Ave Ward) 9-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leander William Buck

If U.S. Veteran specify WAR No Record

(a) Residence: No. 601 Mc Kewin Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, Divorced~~ (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) May 1st 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as lawyer, sawyer, bookkeeper, etc. Clerk - Record Office

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City 1009

10. Date deceased last worked at this occupation (month and year) 3/4/37

11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George W. Buck

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Harriett A. Ferguson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Florence Buck

(Address) 601 Mc Kewin Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 3/15/1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 Registrar.

MAR 14 1937

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 12th 1937

22. I HEREBY CERTIFY, That I attended deceased from Mch 6 1937 to Mch 12 1937

I last saw h alive on Mch 12 1937 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Coma	Mch 9
Other contributory causes of importance:	
Chronic Int Nephritis -	7

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alan B Lemmon M. D.

(Address) 718 N Patterson Park Ave

OCCUPATION is very important. See instructions on back of certificate.

F 33405 F 33405

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 154

Registered No.....

1. PLACE OF DEATH St. Agnes' Hospital
CITY OF BALTIMORE: (No. 1314 W. Lexington St. 19-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Rose E. Dixon

(a) Residence: No. 1314 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 19th 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garfield Hospital
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Point of Rocks Maryland

FATHER

13. NAME George W. Dixon
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rosa Lee Corder
16. BIRTHPLACE (city or town) (State or country) Front Royal Va

17. INFORMANT Rose E. Dixon (Self)
(Address) 1314 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar. 15, 1937

19. UNDERTAKER Jno. Cook & Sons
(Address) Lexington & Eutaw

20. FILED MAR 14 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1937, to March 13, 1937.
I last saw her alive on March 13, 1937. Death is said to have occurred on the date stated above, at 12 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Osteomyelitis	
Septicaemia	

Other contributory causes of importance:

Was an operation performed? Yes Date of March 9, 1937
For what disease or injury? Infection of arm & forearm
Name of operation Incision & Drainage Date of 3-9-37
What test confirmed diagnosis? Smear from wound Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Karl F. Meche M.D.
(Address) St. Agnes' Hospital

OCCUPATION is very important. See instructions on back of certificate.

33406 F 33406

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St. 4-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph F. Wolf, M.D.

If U. S. Veteran specify WAR

(a) Residence: No. Lee Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3-20-0

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0055

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Pennsa.

FATHER

13. NAME Charles Wolf

14. BIRTHPLACE (city or town) (State or country) Hollsville Pennsa

MOTHER

15. MAIDEN NAME Elsie Patrick

16. BIRTHPLACE (city or town) (State or country) Hollsville Penna

17. INFORMANT Dept.
(Address)

18. BURIAL, CREMATION, OR REMOVAL New Cumberland Pa. Date Mar 14 37

19. UNDERTAKER A. L. Marshall
(Address) 2539 Eastern Blvd Baltimore MD

20. FILED Mar 15 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-13-37

22. I HEREBY CERTIFY, That I attended deceased from 3-6-37, 19..., to 3-13-37, 19...

I last saw h... alive on 3-13-37, 19... Death is said to have occurred on the date stated above, at 6:20 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Resp. Malony. Edema	2

Other contributory causes of importance: Brain tumor, Encephalocele, Medullablastoma

Was an operation performed? Yes Date of 3-2-37

For what disease or injury? Brain tumor

Name of operation Craniotomy

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lawrence E. Wells, M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 33407

F 33407 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Catherine Brophy Catonsville

(a) Residence: No. 111 Rosewood ave St., Mayp. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John S. Brophy

6. DATE OF BIRTH (month, day, year) June 10 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	83	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Clarksbury Va

FATHER

13. NAME Peter Condkrey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Daugherty

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mayo & Donell Daughter

(Address) 111 Rosewood ave Cat

18. BURIAL, CREMATION, OR REMOVAL

Place Frostburg md Date Mar 16 1937

19. UNDERTAKER Allen Ridley Slade

(Address) 4907 York Road.

20. FILED ..... 19..... [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12 1937

22. I HEREBY CERTIFY, That I attended deceased from March 7 1937 to March 12 1937

I last saw her alive on March 12 1937 Death is said to have occurred on the date stated above, at 7⁰⁰ P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asteriosclerotic Cardio-Vascular	1930
Renal Disease	Feb 1937
Cerebral Hemorrhage.	

Other contributory causes of importance:

Senility

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Louis L. Llewellyn M. D.

(Address) St. Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 33408

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33408

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 172 S. Dv. St. Ward) Fi

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Edward Brown

If U.S. Veteran specify WAR .....

(a) Residence: No. 172 S. Dv. St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emily E. Brown

6. DATE OF BIRTH (month, day, year) June 10th, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Geo W. Gibson

14. BIRTHPLACE (city or town) (State or country) Balto, Md

MOTHER

15. MAIDEN NAME Mary F. Thompson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Olive M. Kelly KELLY

(Address) 172 S. Dv. St.

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Mem'l Pk. Date 3/14/37 19

19. UNDERTAKER J. L. P. Linberry

(Address) 618 Washington Blvd

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/11/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 1934, 19... to 3/11/37, 19...

I last saw him alive on 3/11/37, 19... Death is said to have occurred on the date stated above, at 1:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sub Attack Dec 1934	
Sub Attack 3/10/37	1927
Other contributory causes of importance:	
Hard work	
Age	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. Lee Ellis M. D.

(Address) 172 S. Dv. St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 33409 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33409

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1725 N.Fulton Ave. St. 15-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 10 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Rose Morris.

(a) Residence: No. 1725 N.Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Morris.

6. DATE OF BIRTH (month, day, year) May 19-1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

FATHER

13. NAME Hirsch Rose.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eloise Lieblich

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs George Stoeb. (Sister) 1725 N.Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place Baltimore Cem. Date 3/15, 19

19. UNDERTAKER Schraubs (Address) 632 Reisterstown Rd

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13th, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 26th, 1937, to March 13th, 1937.

I last saw her alive on March 13th, 1937. Death is said to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular disease (Mitral Incompetency)	6/15/36
Other contributory causes of importance:	
Chronic Arthritis - Acute Abscess	11/25/36

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William J. Sullivan M. D.

(Address) 1704 N. Fulton Ave.

OCCUPATION is very important. See instructions on back of certificate.

33410 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 33410

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital 14 Ward)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bernice Kessler
If U. S. Veteran specify WAR .....

(a) Residence: No. 1729 Linden ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 22 28

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	3	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School. 0000
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Jack Kessler
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Minnie Caplan
16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Oscar Shulman
(Address) 1022 E Balto St.

18. BURIAL, CREMATION, OR REMOVAL
Place Harlem Park Cem Date March 14 1937

19. UNDERTAKER Sol Levinson Bros
(Address) 1125 E Balto St

20. FILED ..... 19 ..... Registrar.

MAR 14 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-13 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-28-37, 19..., to 3-13-37, 19...
I last saw her alive on 3-13 1937 Death is said to have occurred on the date stated above, at 6 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	2/28/37
Empyema.	
Toxic Encephalitis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J Mosheim, M. D.
(Address) Sinai Hosp.

OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 33411

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33411

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 S Ellwood Ave St., 1-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Waters

If U. S. Veteran specify WAR .....

(a) Residence: No. 913 S. Ellwood Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dena Waters

6. DATE OF BIRTH (month, day, year) Nov. 10, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shipyard

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Stephan Waters

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Katherine Russell

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Margaret Kinchcomb

(Address) Severna Park Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Carmel Cy Date March 15, 1937

19. UNDERTAKER H. Sanderson Sons Inc

(Address) 1710 Eutaw St

20. FILED ..... 19..... Registrar.

MAR 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 11, 1937 to Mar 13, 1937

I last saw him alive on Mar 13, 1937. Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Chr Myocarditis	
Myocardial Failure.	

Other contributory causes of importance:

None.

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ella Schumacher M. D.

(Address) 842 S. Eaton Ave.

OCCUPATION is very important. See instructions on back of certificate.

33412 E 33412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 22-1 Ward)

Length of residence in city or town where death occurred 62 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Fisher (20251) — If U. S. Veteran specify WAR .....

(a) Residence: No. 8 E. Montgomery St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Fisher

6. DATE OF BIRTH (month, day, year) March 17, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster 0045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph Fisher

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Sarah Garner

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk Date March 15 1937

19. UNDERTAKER John E. Miller
(Address) 2433-35 E. Oliver St

20. FILED ..... 19..... Registrar.

Huntington Whitworth, M.D.

MAR 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 12, 1937 to March 12, 1937
Last saw him alive on March 12, 1937 Death is said to have occurred on the date stated above, at 9.00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	One Year
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dew H. Feldman M. D.

(Address) Baltimore City Hospitals.

OCCUPATION is very important. See instructions on back of certificate.

F 33413 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33413

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 941 N Calvert St. 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME J. Cassell Lucas

If U. S. Veteran specify WAR

(a) Residence: No. 941 N Calvert St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 18th 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Artist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1001

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm F Lucas.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Roberts

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Bertha E Lucas

(Address) 941 N Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date March 15 1937

19. UNDERTAKER Chas H Jenkins & Sons

(Address) 6 Charles St. Mt. Vernon Pl.

20. FILED ... 19... By ...

R. 1-4 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1927 to March 12 1937

I last saw him alive on March 11 1937. Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	10yrs
Other contributory causes of importance: Nephritis	5yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

24. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Emmett J. Magers M. D.

(Address) The Esplanade

21719

F 33414

33414 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Dressell

(a) Residence: No. 1024 N. Gay St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-25-1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Leonard Dressell

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date March 15 1937

19. UNDERTAKER Henry Lutz

(Address) 1203 N. Broadway

20. FILED MAR 14 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12. 1937

22. I HEREBY CERTIFY, That I attended deceased from March 9 1937, to March 12, 1937.

I last saw him alive on March 12. 1937. Death is said to have occurred on the date stated above, at 12.00 noon m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage.	4 days prior

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical & pathological Was there an autopsy? Yes.

What test confirmed diagnosis? X

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wade Lankelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 33415

F 33415

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital) Ward

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ida L. Freburger

(a) Residence: No. 421 Millingstark Place Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John K. Freburger

6. DATE OF BIRTH (month, day, year) Feb. 10. 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frederick C. Dale

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Eva Finsler

16. BIRTHPLACE (city or town) (State or country) Washington D C.

17. INFORMANT William Freburger (Son)

(Address) 221 South Hilton St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park, Date 3/15/37 19

19. UNDERTAKER F. B. Tippett & Son

(Address) 1328 Eutaw Place

FILED MAR 14 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 11 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and from my personal knowledge and information I have, I am of opinion that said deceased came to her death on the day stated above. 8. A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	3-8-37
Other contributory causes of importance Fractured Rt. Femur	3-3-37

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 3-3-37 19

Where did injury occur? Baltimore Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In her home

Manner of injury Fell on floor.

Nature of Injury Fractured Right Femur

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos H Phillips M. D.

(Address) 1939 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268

F 33416

F 33416

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Bradon annex of Womans 9th-B Hospital Registered No.
CITY OF BALTIMORE: (No.) St., 28 Ward 2
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Augusta R. Johnson If U. S. Veteran specify WAR

(a) Residence: No. 3203 Howard Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Randolph Johnson

6. DATE OF BIRTH (month, day, year) July 20, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Peter Klemmedinger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Randolph Johnson (Address) 3203 Howard Park Ave

18. BURIAL, CREMATION, OR REMOVAL Place Western Ceme. Date 3/15/37 19

19. UNDERTAKER J. B. Hepperd & Son (Address) 1200 Eutaw Place

20. FILED Mar 15 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above 7.55, P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. Hamm Gerwig M. D.
Coroner

(Address) 1715 Hanover

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Date statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 33417

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33417

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 E. 25th St., 12-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S Veteran specify WAR

2. FULL NAME Sarah L. Lantenklos

(a) Residence: No. 410 E. 25th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of George. Lantenklos

6. DATE OF BIRTH (month, day, year) Nov. 2. 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

FATHER

13. NAME Asbury Slade

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Hannah Glenn

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary E. Merryman

(Address) 410 E. 25th St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 15. 1937

19. UNDERTAKER Mr. Mrs. John W. Tuffel & Son

(Address) 801 W. Fayette St.

20. FILED [illegible] 19 [illegible]

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 12. 1937.

22. I HEREBY CERTIFY, That I attended deceased from March 7. 1937. to March 12 1937.

I last saw h[illegible] alive on March 12 1937. Death is said to have occurred on the date stated above, at 5. P. m.

The principal cause of death and related causes of importance were as follows:

I Cerebral Hemorrhage — Date of onset 3 days ago.

Chronic Interstitial Nephritis

Other contributory causes of importance:

Apoplexy — 5 Days.

Was an operation performed? [illegible] Date of

For what disease or injury?

What test confirmed diagnosis? Physical Examination Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Albert Asbury M. D.

(Address) 410 E. Mont. Ave

COL [illegible] JUN [illegible] Compton Williams

33418

HEALTH DEPARTMENT—CITY OF BALTIMORE

33418

CERTIFICATE OF DEATH

21695 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? 55 yrs. mos. ds.

2. FULL NAME Caroline R. Nagler

If U. S. Veteran specify WAR

(a) Residence: No. 1007 Russell St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Nagler

6. DATE OF BIRTH (month, day, year): 9-27-1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Leonard Lindenmeyer

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Margurite Bach

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date May. 15th 1937

19. UNDERTAKER: Mr. Thos. John W. Teufel - Son
(Address) 801 W. Lafayette St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1937, to March 12, 1937.

I last saw her alive on March 12, 1937. Death is said to have occurred on the date stated above, at 9:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12 days ago.
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. De Lantile, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

33419 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33419

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2240 Frederick Ave. St. 20-H Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Johanne L. Rehmann

If U. S. Veteran, specify WAR .....

(a) Residence: No. 2240 Frederick Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Bernhardt R. Rehmann

6. DATE OF BIRTH (month, day, year) Sept. 15, 1869.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Christian Remme

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Clara Meyerose

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Clara Rehmann

(Address) 2240 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 3/15/37, 19

19. UNDERTAKER Harry F. Luetke

(Address) 101 Johnson Ave.

20. FILED ..... 19 ..... Registrar.

No. 3 MAR 1937 Huntington Nitkauer, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/12/37, 19

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1937 to March 12, 1937

I last saw h.r alive on March 12, 1937 Death is said to have occurred on the date stated above, at 9:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis and myocardial degeneration	??
Arteriosclerosis	?
Other contributory causes of importance:	
Bronchopneumonia (Terminal)	12 M.
Congestion of lungs	8 M.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Lee W. Blumberg M.D.

(Address) 2000 Eutaw Place

F 33420

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33420

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1961 W. Lexington St. 26-1 Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Adella R. Percy

If U. S. Veteran specify WAR .....

(a) Residence: No. 1961 W. Lexington St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gillian R. Percy.

6. DATE OF BIRTH (month, day, year) Oct. 20, 1856.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hooper Island Maryland

FATHER

13. NAME Major G. Ruark

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Frances A. Travers

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Leonard G. Lindemeyer

(Address) 1961 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL Cambridge Cemetery

Place Cambridge, Md. Date 3/15/37 19

19. UNDERTAKER Harry A. Cuttle

(Address) 101 Appleson Ave.

20. FILED ..... 19 ..... Registrar.

MAR 4 1937

Hooper Island, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/12/37

22. I HEREBY CERTIFY, That I attended deceased from March 8 1937 to March 12 1937

I last saw h... alive on Mar 11 1937 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	5 days
Myocarditis	4 yr
Other contributory causes of importance:	
General Arteriosclerosis	10 yrs
Diabetes Chronic Nephritis	few mos

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Howard Lakes M. D.

(Address) 1027 Monroe St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 33421

F 33421

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 813½ Lombard St. St. 18-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Moylan

If U. S. Veteran specify WAR .....

(a) Residence: No. 813½ Lombard St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 13, 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Moylan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Mitchell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Catherine Norris

(Address) 1102 W. Hamberg St

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date 3/10/37 19

19. UNDERTAKER J. H. Gorman & Son

(Address) 501 Hollins St

20. FILED ... 19 ... Registrar.

MAR 14 1937 Hampton Portland, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to Her death on the day stated above.

The prinripal rause of death and related causes of importance were as follows:

	Date of onset
Probably Cerebral Hemorrnage	

Other contributory rauses of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Clin. Was there an autopsy? NO

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) T. H. O'Sullivan, M. D. Coroner

(Address) 2757 W. Lom. St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V56

33422

HEALTH DEPARTMENT—CITY OF BALTIMORE

33422

CERTIFICATE OF DEATH

17855 79-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Gorden or Fannie Robin Gordon If U. S. Veteran specify WAR

(a) Residence: No. 1604 Park Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph

6. DATE OF BIRTH (month, day, year): 11-21-1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Odd jobs 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Joseph Robin

14. BIRTHPLACE (city or town) (State or country): N.Y.

MOTHER

15. MAIDEN NAME: Lillian Sakun

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Hebrew Friendship Date 3/14/37

19. UNDERTAKER: Jack Krauss Inc
(Address) 1439 E Baltimore St

20. FILED 19 Registrar

Lexington Funeral Home

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1937, to March 12, 1937

I last saw her alive on March 2, 1937. Death is said to have occurred on the date stated above, at 10.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus meningitis	3 days ago
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Max Sapirstein M. D.

(Address) Baltimore City Hospitals

33423 F 33423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Notre Dame of Maryland, North Charles Street St., 27-11 Ward)

Length of residence in city or town where death occurred 23 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Conceptar Birkenbach

(a) Residence: No. Notre Dame of Maryland St., N. Char. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, year): Jan. 19 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69 years	one	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: teaching 0068

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Lawrence Birkenbach

14. BIRTHPLACE (city or town) Bavaria (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Westrick

16. BIRTHPLACE (city or town) Bavaria (State or country) Germany

17. INFORMANT Sister Mary Alban Sup.

(Address) Notre Dame of Maryland

18. BURIAL, CREMATION, OR REMOVAL Burial

Place Notre Dame of Md. Date Mar. 15, 1937

19. UNDERTAKER George M. Fiske & Son

(Address) 811 N. Wolfe St. Balto. Md

20. FILED ..... 19..... Registrar.

MAR 14 1937 Washington Hillsdale, Md. 3/4/37

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 12th. 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1937 to Mar 12, 1937

I last saw h. alive on Mar 12, 1937 Death is said to have occurred on the date stated above, at 7a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary edema.	
* Myocardial failure	

Other contributory causes of importance:

myocardial degen. with arteriosclerosis

Was an operation performed? — Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Edward Burnett M. D.

(Address) 4708 Hampton Road

OCCUPATION is very important. See instructions on back of certificate.

33424

HEALTH DEPARTMENT—CITY OF BALTIMORE

33424 4209 Fred. 93-c

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 Siegwart La St. 20-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Anna Bucka

If U. S. Veteran specify WAR

(a) Residence: No. 128 Siegwart La. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Bucka

6. DATE OF BIRTH (month, day, year) Aug 5th 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Lohr

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Kraeth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Caroline Siegwart (Address) Jessup Md.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 3 15 37 19

19. UNDERTAKER Wm. Wilson & Son (Address) 2503 Edmondson Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 12 37 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2nd 1936 to Mar 12 1937

I last saw her alive on 3/12 1937 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Arterial Hypertension	
Senility	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. H. Crawthorne M. D.

(Address) 4209 Fredrick Ave.

MAR 14 1937 Huntington Williams, Clk

OCCUPATION is very important. See instructions on back of certificate.

F 33425 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33425

94a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. W-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John E. Burns.

(a) Residence: No. Spring Grove State Hospital St., Ward. Catonsville Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) About 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Joyce

16. BIRTHPLACE (city or town) (State or country) Ellicots

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Wash. N. C. Date 3/17/37

19. UNDERTAKER Wm. J. Tucker & Son
(Address) Catonsville Md

20. FILED MAR 14 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1937 to March 14, 1937

I last saw him alive on March 14, 1937. Death is said to have occurred on the date stated above, at 6.25 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia-terminal	3/12/37
Cardio-Myasm.	

Other contributory causes of importance:

Chr. Bronchitis	Unknown

Was an operation performed? No Date of 3/10/37

For what disease or injury? Cardio-Myasm.

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Joseph E. Burns M. D.

(Address) Spring Grove State Hospital.

OCCUPATION is very important. See instructions on back of certificate.

33426 F 33426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 E. Lafayette Ave. 9-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Matilda Louise Scharper

If U. S. Veteran specify WAR .....

(a) Residence: No. 1709 E. 32 nd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Oct. 7 - 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Henry Scharper

14. BIRTHPLACE (city or town) (State or country) U.S.A.

MOTHER

15. MAIDEN NAME Matilda Louise Ingram

16. BIRTHPLACE (city or town) (State or country) U.S.A.

17. INFORMANT W. Albert Scharper

(Address) 14 E. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date March 15, 1937

19. UNDERTAKER George L. Schmat.

(Address) 2101 Frederick Ave.

20. FILED 19 Registrar

MAR 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 5th 1936, to March 13th, 1937

I last saw her alive on March 13th, 19 . Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spinal Sclerosis	3/1/36
Terminating in Exhaustion	(4 days)
Other contributory causes of importance:	
Chronic decubitus	Dec/36

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Amelia E. Link M. D.

(Address) 1717 N. Caroline St.

OCCUPATION is very important. See instructions on back of certificate.

33427

HEALTH DEPARTMENT—CITY OF BALTIMORE

33427

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2303 Chelsea Terrace St., 15-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hubert Krekel

If U. S. Veteran specify WAR

(a) Residence: No. 2303 Chelsea Terrace St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie L. Krekel

6. DATE OF BIRTH (month, day, year) Oct. 14, 1865.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanical Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bartlett Hayward Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Simon Krekel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Albert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Hubert Krekel

(Address) 2303 Chelsea Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 3/15/37

19. UNDERTAKER Harry A. Durfee

(Address) 101 Appendson Ave.

20. FILED MAR 13 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12 37. 19

22. I HEREBY CERTIFY, That I attended deceased from March 8/37 19 to March 12/37 19

I last saw h[illegible] alive on March 11 1937 Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
& paralysis	March 8/37
Co.	
Other contributory causes of importance:	
Arterio-sclerosis	1927
Hypertension	1927

Was an operation performed? no Date of

For what disease or injury? None

Name of operation none

What test confirmed diagnosis? typical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Walter Dieffett M. D.

(Address) 2221 Garrison Blvd.

BE CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

F 33428

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33428

CERTIFICATE OF DEATH

X 133

1—PLACE OF DEATH Children's Hospital School

REGISTERED NO. 13-8

CITY OF BALTIMORE: (No. Green Spring Ave & 41st ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Morgan W. Phelps

(a) RESIDENCE NO. McDonough School McDonough, Md WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 5, 1914

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Morgan E. Phelps

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Florence McLean

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

11 Informant Mrs Morgan E Phelps. Mother

(Address) McDonough School

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3.13.37

17

I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1934, to March 13, 1937, that I last saw him alive on March 13, 1937, and that death occurred, on the date stated above, at 6 50 A M

The CAUSE OF DEATH* was as follows:

⊙ Uraemia from pyelonephritis, chronic.

⊙ Obstruction 5th Cervical Vertebra: Traumatic

⊙ (duration) 6 yrs. 2 mos. 8 ds.

CONTRIBUTORY (Secondary) Fracture Cervical Cord (duration) 6 yrs. 8 mos. 7 ds.

18 Where was disease contracted if not at place of death? Fairhurst Beach

Did an operation precede death? Yes Date of 7-22-33

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy Blood Chemistry Pus & Re

(Signed) Milton L. Foley, M. D.

Mar 13, 1937 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	3/16/37
20 UNDERTAKER Harry H Turtle	ADDRESS 4101 Edmondson Ave

important. See instructions on back of certificates.

F 33429

33429 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ✓9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William W. Wade

(a) Residence: No. 1623 Llewelyn Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 2-1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	X	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

13. NAME Mariam Wade

FATHER

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Edith Singleton

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mariam Wade

(Address) 1623 Llewelyn Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Cemetery Date 3/15, 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul Street

20. FILED 19

MAR 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/13/37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest therein and from the evidence obtained by said Inquest and that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Rhumbler Coroner, M. D.

(Address) 1919 E. North ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33430 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 33430

CERTIFICATE OF DEATH 20543 ✓95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp's. St., 1 E-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1923 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Grettie McConico

If U. S. Veteran specify WAR .....

(a) Residence: No. 1007 W. Fayette St., ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard

6. DATE OF BIRTH (month, day, year) 6-19-~~1897~~ 1901

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35 ~~37~~	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Henry Wesley

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Rose King

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Memorial Date Mar 16, 1937

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 S Schroeder St.

20. FILED ..... 19 .....

MAR 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1937, to March 11, 1937
I last saw her alive on March 11, 1937. Death is said to have occurred on the date stated above, at 11-40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Wade Lantelle, M. D.

(Address) Baltimore City

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33431

33431 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

V 107-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt. City Hosp St., 11-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. 3 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hugh McCann

If U.S. Veteran specify WAR

(a) Residence: No. 8 E. Eager St., Ward. 14th

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie McCoy

6. DATE OF BIRTH (month, day, year) Jan. 25. 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	1	16-18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office

10. Date deceased last worked at this occupation (month and year) 1922

11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William McCann

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Catherine Costello

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Catherine A McCann

(Address) 8-E Eager St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 3/16 19 37

19. UNDERTAKER Williams Coode

(Address) 1217 St Paul Street

20. FILED 19 Registrar

MAR 15 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-13 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11 . 1937 to March 13 . 1937

I last saw him alive on March 13 1937 Death is said to have occurred on the date stated above, at 6:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	3-12-37
Auricular fibrillation	3-12-37

Other contributory causes of importance:

Arteriosclerosis

Senile Psychosis

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) C. L. Reynolds M. D.

(Address) Balto City Hosp

33432 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 33432

CERTIFICATE OF DEATH

154

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2683 St Benedicts 25 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gloria M Conway

If U.S. Veteran specify WAR .....

(a) Residence: No. 2683 St Benedicts St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 12, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph E Conway

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Edna M Knight

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Joseph Conway
(Address) 2683 St Benedicts St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 3/15 1937

19. UNDERTAKER Wm Cook
(Address) 1217 E Pratt St

MAR 15 1937 R. E. Eaton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 12 1937 to Mar 14 1937

I last saw h alive on Mar 14 1937. Death is said to have occurred on the date stated above, at 11:15 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Atelectasis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —

(Signed) Chas R Acker M. D.

(Address) 2145 N Calvert St

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

F 33433

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33433

CERTIFICATE OF DEATH

✓ 82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2607 Royal Oak Ave St. 28-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick K. Eddison

(a) Residence: No. 2607 Royal Oak Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W.

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mabel L Eddison

6. DATE OF BIRTH (month, day, year): July 11 1877

7. AGE: Years 59 | Months 8 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Law

10. Date deceased last worked at this occupation (month and year): Mar 1937

11. Total time (years) spent in this occupation: 34

12. BIRTHPLACE (city or town) (State or country): Howard Co Md

FATHER

13. NAME: Joseph F Eddison

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Naomi Cullum

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT: Mrs Mabel L Eddison

(Address): 2607 Royal Oak Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mount Lilly Date: Mar 16 1937

19. UNDERTAKER: J Putnam Bond

(Address): 2324 N Calvert St

20. FILED: Huntington Williams

MAR 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 12 1937

22. I HEREBY CERTIFY, That I attended deceased from July 13 1936 to March 12 1937

I last saw h. alive on March 12 1937. Death is said to have occurred on the date stated above, at 12 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arteriosclerosis	

Other contributory causes of importance:

Cerebral hemorrhage	

Name of operation: None Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lee J Pollock M. D.

(Address) 7101 Liberty Heights

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33434

F 33434

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 N. Bond St., 6-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Shirley M. C. Stewart

(a) Residence: No. 115 N. Bond St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 13th 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Albert H. Hopkins

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Blanche Stewart

16. BIRTHPLACE (city or town) (State or country) Harrenton Va

17. INFORMANT Blanche Stewart

(Address) 115 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 3-15th 1937

19. UNDERTAKER Bryant & Manns & Wright

(Address) 1211 E. Biddle St

20. FILED MAR 15 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-13- , 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-28- , 1937, to 3-13- , 1937

I last saw h alive on 3-12- , 1937. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	[illegible]
	over

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) M. Langier, M. D.

(Address) 611 N. Carolina

F 33435

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33435

82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2326 N. Charles St. 17-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Blanche Ammen Blake

If U. S. Veteran specify WAR

(a) Residence: No. 2326 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Fem.	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Rennie Blake

6. DATE OF BIRTH (month, day, year) Oct. 31, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Marcus Ammen

14. BIRTHPLACE (city or town) (State or country) Wilmington Del

MOTHER

15. MAIDEN NAME Alice Langdon

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Mrs John R. Blake

(Address) 1028 Cathedral St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar. 15, 37

19. UNDERTAKER Wm. Pickup Sons

(Address) Cook & Fa. Ave.

20. FILED Mar 15 1937 19

Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 13 1937

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1937 to March 13, 1937

I last saw h.. alive on March 13, 1937 Death is said to have occurred on the date stated above, at 1.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	3/7/37
arteriosclerosis	?
hypertension	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel Hilbert M. D.

(Address) 708 E. Preston St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

33436

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 E 33436

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2127 Cliftwood St., 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sophie Sulith

(a) Residence: No. 2127 Cliftwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard F. Smith

6. DATE OF BIRTH (month, day, year) May 8, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hswk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) Mar. 1937

11. Total time (years) spent in this occupation 33 yrs.

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Frederick Fischer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Betty Heimsad

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Earnestine Goodwin (Sister)

(Address) 101 Cathy Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Mar 16th 1937

19. UNDERTAKER Leo R. Cook

(Address) 1703 Pacific Park Ave Huntington Portsmouth, O.

MAR 15 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1937 to Mar 13, 1937

I last saw her alive on Mar. 12, 1937. Death is said to have occurred on the date stated above, at 1:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myo-endo-carditis	Unknown

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jno. B. Lybert M. D.

(Address) 2802 Harford Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 33437

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33437

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 Mosher St. 16-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John H. G. Brown

(a) Residence: No. 1715 Mosher St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Gertrude Brown

6. DATE OF BIRTH (month, day, year): mar 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: dock

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Aldino md

FATHER

13. NAME: John Brown Sr

14. BIRTHPLACE (city or town) (State or country): Aldino md

MOTHER

15. MAIDEN NAME: Louisana Brown

16. BIRTHPLACE (city or town) (State or country): md

17. INFORMANT: Gertrude Brown

(Address) 1715 mosher st

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date mar 16 37

19. UNDERTAKER: Thos. E. Nelson

(Address) 1303 Pressman St

20. 19 ..... Registrar.

MAR 15

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1 19 37

22. I HEREBY CERTIFY, That I attended deceased from March 1 1937 to March 15 1937

I last saw him alive on March 2 1937. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pancreatic Diabetes	1 yr
Infection of Pancreas	1 yr
Thrombosis of Mesenteric Vessels	1 yr
Other contributory causes of importance:	
Exhaustion	3-10-37
Uraemic Coma	

Name of operation: no Date of

Did test confirmed diagnosis? no Was there an autopsy? no

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Geo. N. Lautenbacher M. D.

(Address) 2212 E. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should

Bs. 3

33438

HEALTH DEPARTMENT—CITY OF BALTIMORE

33438

CERTIFICATE OF DEATH

Coast Guard V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6406 Arundel Ave Cove 25-3 Ward) 131 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 1 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah E. Moore If U. S. Veteran specify WAR

(a) Residence: No. 6406 Arundel Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of John F Moore

6. DATE OF BIRTH (month, day, year) Feb 1 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Sharp

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Margaret Sappington

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs John F. Moore
(Address) 6406 Arundel Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Mar 15 1937

UNDERTAKER John F. Denny
(Address) 15 Light St

19. FILED MAR 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1930 to March 11, 1937

I last saw her alive on March 11, 1937. Death is said to have occurred on the date stated above, at 630 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio vascular renal disease	Feb. 2, '30.

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? - -

Name of operation - - - - Date of

What test confirmed diagnosis? p.f. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Harry Leibel M.D.
(Address) 1224/1226 Hanover St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33439

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33439

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 13-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachael C. Grove

(a) Residence: No. 851 W 34th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nelson B. Grove

6. DATE OF BIRTH (month, day, year) June 12, 1894.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Harry W. Schneider

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Fannie King

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Nelson B. Grove
(Address) 851 W 34th St

18. BURIAL, CREMATION, OR REMOVAL
Lorraine Park Date May 17, 1937

19. UNDERTAKER Chenoweth Son
(Address) 3615-17 Christopher

20. FILED 19 Registrar.

MAR 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-12, 1937, to 3-14, 1937

I last saw her alive on 3-14, 1937 Death is said to have occurred on the date stated above, at 1 30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Essential Hypertension	1935?
Cerebral Hemorrhage	3-12-37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Francis S. Dickens, M. D.

(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33440 To Gurley - Charles St.

F 33440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 13-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Howard

If U. S. Veteran specify WAR .....

(a) Residence: No. 3005 Elm Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elsie Howard

6. DATE OF BIRTH (month, day, year) June 28, 1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME James G. Howard

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Emma E. Eogne

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Emma E. Howard

(Address) 3005 Elm Ave

18. BURIAL, CREMATION, OR REMOVAL

Poplar, Balto Co. Md Date March 15 1937

19. UNDERTAKER E. Furnow & Son

(Address) 3615-17 Christian Ave.

20. FILED [illegible] 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the above-named deceased on [illegible] and that I have viewed the remains of said deceased; [illegible] (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said [illegible] (Inquest, Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subdural Hemorrhage	3/8-37

Other contributory causes of importance:

Was an operation performed? yes Date of 3/1-37

For what disease or injury? Head injury

Name of operation? Trephine Date of [illegible]

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/8 1937

Where did injury occur? On Dover Road near Reisterstown

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place highway

Manner of injury Auto skidded & struck

Nature of injury pole

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Hubert Gurley Coroner M. D.

(Address) 907 N. Charles

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

AR 10-31

F 33441

F 33441

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 124-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 S. Duncan Street St., 1-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Andrzej Sienkiewicz

(a) Residence: No. 217 S. Duncan Street St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~XXXXXXX~~ Stefanija Sienkiewicz

6. DATE OF BIRTH (month, day, year) Dec, 24, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Stefanija Sienkiewicz (Wife)

(Address) 217 South Duncan Street

18. BURIAL, CREMATION, OR REMOVAL

Place St, Stanislaus. Date March 16th 1937

19. UNDERTAKER George A. Weber

(Address) 705 S. Ann Street

FILED MAR 15 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12th 1937

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1937 to March 12 1937

I last saw him alive on March 12 1937 Death is said to have occurred on the date stated above, at 10½ P. m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency
Chronic Nephritis (non-Syphilitic)
Secondary Anemia

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Andrew Sienkiewicz, M. D.

(Address) 2529 Eastern Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

21758 F 33442

F 33442

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 76-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eva Wieczynski

If U. S. Veteran specify WAR

(a) Residence: No. 1006 S. Bouldin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert

6. DATE OF BIRTH (month, day, year) 9-11-1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
32		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph Jaworski (Dead)

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Justina Topolskin

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date March 17, 1937

19. UNDERTAKER Stafford Fallkamski Inc

(Address) 1000 E. Kenwood Ave

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1937, to March 13, 1937

I last saw her alive on March 13, 1937. Death is said to have occurred on the date stated above, at 10 15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	10 days ago

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hasel Santelle M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33443

CERTIFICATE OF DEATH

F 33443

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 Union Ave. St., 13-8 Ward)

Registered No. 137

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Stephen Lee Armacost

If U. S. Veteran specify WAR

(a) Residence: No. 1206 Union Ave. St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abbie J. Armacost

6. DATE OF BIRTH (month, day, year) Dec. 23-1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Maryland

FATHER

13. NAME Melker Armacost

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Victoria Miller

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Abbie J. Armacost
(Address) 1206 Union Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date March 16 1937

19. UNDERTAKER Horace F. Burgee
(Address) 3631 Falls Road

20. FILED 19
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13-, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22 1936 to March 13 1937

I last saw him alive on March 13 1937. Death is said to have occurred on the date stated above, at 445P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	4/13/37
Cardiac Dilatation	
Chronic Nephritis	

Other contributory causes of importance:

Hypostatic Congestion	
Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Frank H. Hamblin M. D.

(Address) 4037 Falls Road

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V83

MAR 15 1937

Huntington Williams, M.D.

F 33444

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 33444

1. PLACE OF DEATH Union Memorial Hosp. 46-E

Registered No.

CITY OF BALTIMORE: (No. St. 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Jas. Thomas Cox

If U. S. Veteran specify WAR

(a) Residence: No. 623 Cokesbury Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothy E. Cox

6. DATE OF BIRTH (month, day, year) July 11 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Private Chauffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 623

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Edwin J. Cox

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Rose Hart

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Dorothy E. Cox
(Address) 623 Cokesberry Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Mar. 16 19 37

19. UNDERTAKER Mary A. Gawthrop
(Address) 2839 Rayner Ave

20. Filed Mar 15 1937 [signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1937, to March 14, 1937

I last saw him alive on March 14, 1937. Death is said to have occurred on the date stated above, at 12 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	?
Other contributory causes of importance:	

Was an operation performed? yes Date of March 13, 1937

For what disease or injury? Carcinoma of liver

Name of operation Exploratory Laparatomy

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philip L. Faucellin M. D.

(Address) Union Memorial Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VR 3

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33445

CERTIFICATE OF DEATH ✓ 108 F 33445

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 S Sharp St., 22 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruth Banks

(a) Residence: No. 822 Sharp St., Ward. 22
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/31/84

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52 23	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William Graham

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Annie Peck

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Joseph Yancey
(Address) 822 S Sharp St

18. BURIAL, CREMATION, OR REMOVAL
Place Pt Calvary Date 3/15/37

19. UNDERTAKER Isaiah L Brown
(Address) 838 Monument St

20. FILED MAR 15 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1937 to Mar 12, 1937

I last saw h er alive on Mar. 2, 1937. Death is said to have occurred on the date stated above, at 12 Noon m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb 26 1937

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) D H Hamrick, M. D.
(Address) 109 W Hoffman St

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

33446

HEALTH DEPARTMENT—CITY OF BALTIMORE

33446

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp 43 St., ... Ward)

Length of residence in city or town where death occurred 15 yrs. 18 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Walter Travis,

(a) Residence: No. 1918 Madison Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single (?)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) May 22 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Docks

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cincinnati Ohio

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs. Lilly Hughes

(Address) 1918 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Date March 17 1937

19. UNDERTAKER J. Holmes Halstead

(Address) 218 Dulaney

MAR 15 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1937

22. I HEREBY CERTIFY, that I took charge of the remains described above; held an inquest thereon and from the evidence obtained by said inquest found that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy.	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. M. Wright Coroner M. D.

(Address) 1010 S. Ellwood Ave

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

3267 92 F 33447

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 33447

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. 9-4 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Ft yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen Foard

If U. S. Veteran specify WAR

(a) Residence: No. 1531 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6-21-36

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	20 22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md

FATHER

13. NAME Clearence Foard

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Rosie Fisher

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date 3/15/37 19

19. UNDERTAKER George Rutter Son
(Address) 1730 Fadette Ave

19[illegible] MAR 15 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1937 to March 13, 1937

I last saw her alive on March 13, 1937. Death is said to have occurred on the date stated above, at 6:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-3-37
Other contributory causes of importance: Measles	Feb 37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Shreckman, M. D.

(Address) [illegible]

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33448

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33448

53-B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 98-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. - mos. ds. How long in U. S. If of foreign birth 62 yrs. 2 mos. 25 ds.

2. FULL NAME Cecelia M. Waring

If U.S. Veteran specify WAR NONE.

(a) Residence: No. Mount Hope Retreat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Dec 18 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) June

11. Total time (years) spent in this occupation June

12. BIRTHPLACE (city or town) (State or country) Charles County Md

FATHER

13. NAME John T. Waring

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Jane Miles

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Inez Rivers (Address) Bel Air Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Cathedral Date Mar 3 1937

19. UNDERTAKER Lewis Memorial Company (Address) [redacted]

[illegible] Registrar.

MAR 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from April, 1928 to March 13, 1937.

I last saw her alive on March 12, 1937. Death is said to have occurred on the date stated above, at 2:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dementia Senilis	36 yrs ?
Arteriosclerosis	

Other contributory causes of importance:

Carcinoma of bladder	P
	VSW

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) D. Kelly P. Adams M. D.

(Address) 536 Park Ave

Spec.—2-29-28—L. F. S.—500 Bks.

F 33449

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c F 33449

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2429 Calverton Hgts. ST. 16-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Denge Denny

(a) RESIDENCE NO. 2429 Calv. Hgts Ave ST., 16 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. 5 mos. 7 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Susan Grinnell Denny

6 DATE OF BIRTH (month, day, and year) Oct 6, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Accountant

(b) General nature of industry, business, or establishment in which employed (or employer) — 0008

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Benj F. E. Denny.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Eastern Shore Md.

12 MAIDEN NAME OF MOTHER Sarah Newman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Eastern Shore Md

14 Informant Mrs Susan G. Denny (wife)

(Address) 2429 Calv. Hgts Ave

Filed MAR 15 1937 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13. 1937

17 I HEREBY CERTIFY, That I attended deceased from 1931, 19, to Mar 13, 19 37.

that I last saw h in alive on Mar 11, 19 37

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis - Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Congestive Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) DWalter Spurrier, M. D.

, 19 (Address) 3603 Edmondson.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loraine Cem.	Mar 15 1937
20 UNDERTAKER	ADDRESS
Stewart & Company	Roslyn

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. H. 1268-9

F 33450 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 33450

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1226 W Lafayette Ave St. 16-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 mos. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm. C Davenport

(a) Residence: No. 1226 W Lafayette Ave St., Ward. Norfolk Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
apprx 30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Edward Davenport

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Harry Davis (½ Brother)

(Address) 1226 W Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Norfolk Va. Date March 16 1937

19. UNDERTAKER Elroy O Wilson

(Address) 1008 Brantley ave

20. FILED MAR 15 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1937 to March 12, 1937

I last saw him alive on March 11, 1937. Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis Nephritis	Dec 1936
	2 wks

Other contributory causes of importance:

Diabetes Hypertrophy Generalized Myocarditis

Name of operation None Date of

What test confirmed diagnosis? Phys'l & Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R J Young M. D.

(Address) 1429 E Monument St

V S 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33451

21415

CERTIFICATE OF DEATH

47-4F 33451

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME David Mullen

(a) Residence: No. 15 E. Lee St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Livery Stable

10. Date deceased last worked at this occupation (month and year) June 1931

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Patrick Mullen

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Hanigan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records of Balto. City Hospts
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 3/16/37

19. UNDERTAKER Thos. J. Kenney
(Address) 1902 Gilmor St Baltimore, Md.

20. FILED MAR 15 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1937 to March 14, 1937

I last saw him alive on March 14, 1937 Death is said to have occurred on the date stated above, at 2:15 a. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic heart disease — Date of onset Dec. 1936

Other contributory causes of importance:

Carcinoma of larynx — Dec 1936

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wade Santee, M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

33452 E 33452

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 725 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... de.

2. FULL NAME Alfred J Emmett

If U. S. Veteran specify WAR .....

(a) Residence: No. Central Hotel Paca & Fayette sts Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-31-93

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME John J Emmett

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna May (?)

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. [illegible], CREMATION, [illegible] Place Loudon Park Date Mch 15 1937

19. UNDERTAKER John D Mitchell & Sons (Address) 700 Eutaw Place

20. FILED ... 19... ... Registrar.

MAR 5 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1937 to Mch 8, 1937

I last saw him alive on Mch 8, 1937 Death is said to have occurred on the date stated above, at 1135 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Carcinoma of Stomach &	
Carcinomatosis of Abdomen	July 36
II Ileus, Mechanical obstruction	
Chronic Atelectasis, plus -	
Other contributory causes of importance:	
Pleurisy in Hepatization, Ulceration	
& Tbc Cavern[illegible]	

Was an operation performed? Yes Date of 2-8-37

For what disease or injury? Ca of Stomach

Name of operation Exp. Laparotomy

What test confirmed diagnosis? Microscopic Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Barnes Woodhall M. D.

(Address) Johns Hopkins Hospital

Baltimore Md

Information should be carefully supplied. Age should be stated in years and months. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Mary G. Smethurst

33453 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 33453

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hosp. St. 12-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Gibbs Smethurst. If U. S. Veteran specify WAR .....

(a) Residence: No. St. Augustine, Fla. St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 19, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Phila. Pa.

FATHER

13. NAME William A. Smethurst

14. BIRTHPLACE (city or town) (State or country) Phila. Pa.

MOTHER

15. MAIDEN NAME Mary W. Gibbs.

16. BIRTHPLACE (city or town) (State or country) Fla.

17. INFORMANT Wm. A. Smethurst
(Address) 640 Riverside Drive.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Augustine, Fla. Date Mch 18, 1937

19. UNDERTAKER John D. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED ..... 19 ..... [illegible] Registrar.

MAR 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/12 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/3 1937 to 3/12 1937

I last saw h[illegible] alive on 3/12 1937 Death is said to have occurred on the date stated above, at 8:57 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	3/8/37
HYPERTENSIVE ARTERIOSCLEROTIC	
HEART DISEASE	?

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19 .....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify —

(Signed) Harold N. Ellis M. D.

(Address) Jewish Memorial Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33454

33454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3102 E. Monument St. 9-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Matilda M. Thompson

(a) Residence: No. 3102 E. Monument St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edgar M. Thompson

6. DATE OF BIRTH (month, day, year) Dec 30 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicago Ill

FATHER

13. NAME Sigmund Ludwig

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary Wild

16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMANT Edgar M. Thompson

(Address) 3102 E. Monument St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Mem Date 3/15/37

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Orleans St

... 19 Huntington Williams

F.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 12. 1937

22. I HEREBY CERTIFY, That I attended deceased from March 10 1937 to March 12 1937

I last saw h alive un March 11 1937. Death is said to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocardial insufficiency	3/10/37
Other contributory causes of importance:	
Carcinoma of Rt. lung.	?
Cachexia	?

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

21. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L C Sobiral M. D.

(Address) 447 N. Kenwood Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 15 (37)

F 33455

F 33455 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 21796

94-0

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter Smith

If U. S. Veteran specify WAR

(a) Residence: No. 1512 E. Hoffman St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Kate Huffman Smith

6. DATE OF BIRTH (month, day, year) 10-5-1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Wm.

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem'y Date March 18, 1937

19. UNDERTAKER Harvey Hoch & Sons Inc
(Address) 301 E. Eager St

20. FILED MAR 19 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1937, to March 14, 1937.

I last saw him alive on March 14, 1937. Death is said to have occurred on the date stated above, at 8-25 P m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion — Date of onset 3-13-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33456

F 33456 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. 25-H Ward)

Length of residence in city or town where death occurred Life mos. ..... How long in U. S. If of foreign birth? Life mos. ..... da.

2. FULL NAME Agnes E. Kruzmer (KRECZMER) U. S. Veteran

Specify WAR .....

(a) Residence: No. 2708 Huron St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John E. Kruzmer

6. DATE OF BIRTH (month, day, year) Jan 15 - 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wiacyt Mouska

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT John E. Kreczmer

(Address) 2708 Huron St

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date 3/17 19 37

19. UNDERTAKER Mt Pleasant Eastern Ave

(Address) 1611 Eastern Ave

Filed MAR 15 1937 Lington Nelson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1937 to March 14, 1937

I last saw her alive on March 14, 1937 Death is said to have occurred on the date stated above, at 4:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Renal Disease	1936
Uremic Coma	3-13-37
Cardio-Vascular Failure	3-14-37
Other contributory causes of importance: Diabetes Mellitus	?

Was operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 ..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis V. Llewelyn M. D.

(Address) St. Agnes Hospital

Information should be carefully supplied. Age should be stated in years and months. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

✓ F 33457

33457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Harbor-Fort J Bond St., 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME (John Doe)

If U. S. Veteran specify WAR

(a) Residence: No. ... St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	?

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Eastern Police Station
(Address) Bank St.

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date MAR 15 1937

19. UNDERTAKER Commissioner of Health
(Address)

20. FILED Per H. A. [illegible]
8074

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/3/37 , 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an injury thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said injury (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Drowning

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury [illegible], 19 37

Where did injury occur? Fort J Bond Co
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury Fell Overboard in Water

Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schantz, Coroner, M. D.

(Address) 1914 E. North Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AR 15 1937

M. D. B. 1203-3

F 33458

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 33458

18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Gearldine C. Broseker

(a) Residence: No. 724 Carroll St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 12, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Salto, Md.
(State or country)

FATHER

13. NAME Wm. H. Broseker

14. BIRTHPLACE (city or town) Salto. Md.
(State or country)

MOTHER

15. MAIDEN NAME Louise C. Becktold

16. BIRTHPLACE (city or town) Balto. Md.
(State or country)

17. INFORMANT Wm. H. Broseker
(Address) 724 Carroll St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 3/15 19 37

19. UNDERTAKER Edmund Walter
(Address) 628 Washington Blvd

MAR 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcis Meningitis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) [illegible] M. D.

(Address) 2757 W. North Ave. Coroner

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

33459 # 21756

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-a F 33459

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital (St.) 11-4 (Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... moe. ..... da.

2. FULL NAME Stella Holliday

If U. S. Veteran specify WAR .....

(a) Residence: No. 1100 Madison Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Hicks (Divorced)

6. DATE OF BIRTH (month, day, year) 8-1-~~1888~~ 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~88~~	56	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME John Holliday

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Clara

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date March 17 37

19. UNDERTAKER Edward Halbert
(Address) 1600 Bond Street

[illegible] MAR 15 1937 [illegible] Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1937 to March 13, 1937

I last saw her alive on March 13, 1937. Death is said to have occurred on the date stated above, at 9.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-9-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. A. De Sautelle M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. Prefixes such as state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33460

✓ F 33460

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3520 Buena Vista ave (Ward) 6

Registered No. 3-8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest B. Nettleships

If U. S. Veteran specify WAR

(a) Residence: No. 3520 Buena Vista ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Calarinda Cain

6. DATE OF BIRTH (month, day, year) Aug. 21-1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Edmund N. Nettleships

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary E. Gorsuch

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mr. Nettleships (Son)

(Address) 3520 Buena Vista ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk. Date 3/17/37 19

19. UNDERTAKER Geo. F. Bayer & Sr

(Address) 512 Hollins St

19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1937, to 19

I last saw him alive on March 14 1937 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic tuberculous heart disease	3
Pulmonary (Bronchial)	2

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.

(Address) 850 W 36 St

MAR 15 1937

Information should be correctly supplied. Any [illegible] state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33461

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2816 Mosher St St. 16-6 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Adam J. Gunther

(a) Residence: No. 2816 Mosher St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Agnes Haigley

6. DATE OF BIRTH (month, day, year) Dec. 19-1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Letter Carrier 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 40

10. Date deceased last worked at this occupation (month and year) about 4 yrs ago.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Nicholas Gunther

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Edw. Gunther

(Address) 2816 Mosher St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 3/17/37

19. UNDERTAKER Geo L Beyer Jr

(Address) 512 Collins St

20. FILED MAR 15 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14 1937

I HEREBY CERTIFY, That I attended deceased from March 1- 1937 to March 14- 1937

I last saw him alive on March 13 1937. Death is said to have occurred on the date stated above, at 5 20a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis - Hypertension	
Cerebral Arteriosclerosis	
Endocarditis Broncho Pneumonia	

Other contributory causes of importance:

Pulmonary Edema

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Herbert C Peterich M. D.

(Address) 2651 Williams ave

Information should be carefully supplied. Age should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 33462

HEALTH DEPARTMENT—CITY OF BALTIMORE

33462

CERTIFICATE OF DEATH

124-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1602 Webster St. 24-H Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James W. Waters

If U. S. Veteran specify WAR

(a) Residence: No. 1602 Webster St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 13 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R.R.

10. Date deceased last worked at this occupation (month and year) 1917

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oella (State or country) Md.

FATHER

13. NAME Wm H. Waters.

14. BIRTHPLACE (city or town) The Union (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah E. Lees.

16. BIRTHPLACE (city or town) England (State or country)

17. INFORMANT Mrs Lillie B Peacock (Address) 1602 Webster St.

18. BURIAL, CREMATION, OR REMOVAL Place Oella-Md. Date Mar. 17 1937

19. UNDERTAKER Wm Fletcher Hood (Address) North & Pa aves.

20. FILED MAR 15 1937 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 14 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 4th 1937 to March 13th 1937

I last saw h.. alive on March 13th 1937 Death is said to have occurred on the date stated above, at 3.45a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
atrophic Cirhosis of Liver.	2 years
Other contributory causes of importance: Myocardial insufficiency	10 days

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. J. Dunkin M. D.

(Address) 1192 N. Milton Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33463

33463

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3106 Gwynns Falls Pkwy (Ward) 7

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Flora V. Widmeyer

If U. S. Veteran specify WAR

(a) Residence: No. Berkely Springs W. Va St., Ward. Berkeley Spr. W. Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Wm Widmeyer

6. DATE OF BIRTH (month, day, year) Nov. 21, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Berkely Springs W. Va.

FATHER

13. NAME Elias Rockwell

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Margaret Kieffer

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Mrs Chas. D. Weber
(Address) 3106 Gwynns Falls Pkwy

18. BURIAL, CREMATION, OR REMOVAL
Place Berkeley Springs W. Va. Date Mar 15 37

19. UNDERTAKER Wm Fletcher Bond
(Address) North & Paves.

(Signature) Registrar.

MAR 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1937 to March 14, 1937

I last saw her alive on March 14, 1937 Death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Arterio sclerosis Age	
Acute dilatation of Heart	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. J. Volenick, M. D.

(Address) 4710 Liberty Hts Ave

information should be carefully supplied. AGE should be stated EXACTLY. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33464

33464 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 21462

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 27-7 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1906 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lilla Mae Garitee

If U. S. Veteran specify WAR

(a) Residence: No. 6600 Harpnett Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward

6. DATE OF BIRTH (month, day, year) 5-19-1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	9	2 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Joseph Perran

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Dura ?

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Records of Balto, City Hosps. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 3-16 19 37

19. UNDERTAKER Leonard J. Keach (Address) 2305 Eutaw Pl

20. FILED MAR 15 1937 Registrar.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27 1937 to March 12 1937

I last saw her alive on March 12, 1937. Death is said to have occurred on the date stated above, at 11.50 P m.

The principal cause of death and related causes of importance were as follows:

		Date of onset
Bronchopneumonia	13	days ago

Other contributory causes of importance:

Carcinoma of cervix Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harbaugh M. D.

(Address) Baltimore City Hospitals

H

I—WRITE LEGIBLY with ink or typewriter. All items must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

33465 326 305

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33465

CERTIFICATE OF DEATH

1 59

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 8-5 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Mildred Nichols

If U. S. Veteran specify WAR .....

(a) Residence: No. 1832 N Castle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Le Roy

6. DATE OF BIRTH (month, day, year) 11-25-92

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm Tonshell

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Cecelia Gannon

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Oakland Date 3/17 19 37

19. UNDERTAKER Leonard Kent

(Address) 305 Watford Rd

20. FILED ..... 19 ..... Registrar

R 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13. 1937

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1937, to March 13, 1937

I last saw her alive on March 13, 1937. Death is said to have occurred on the date stated above, at 910 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	March 13 1937
Other contributory causes of importance:	
Diabetes mellitus	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Palmer Howard Lee M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33466

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33466

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 Bolton St., 14-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Richard Julian Rossel

If U. S. Veteran specify WAR .....

(a) Residence: No. 1415 Bolton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race.	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed~~ or ~~divorced~~
HUSBAND of ~~(or WIFE of)~~ Janet L. Rossel

6. DATE OF BIRTH (month, day, year) July 6 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME L G Rossel

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Sarah J de Butts

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Richard J Rossel
(Address) 1415 Bolton St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date March 16 1937

19. UNDERTAKER Henry Heukjian & Co
(Address) 6 Richard Md

20. FILED ..... 19..... Registrar.

MAR 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 15 1936 to March 14 1937

I last saw h.. alive on March 13 1937 Death is said to have occurred on the date stated above, at 6.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal-Vascular Disease	Oct. 1936

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical & laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Wm. M. Dorsey M. D.

(Address) Reston Md

Information should be carefully supplied. AGE should be stated EXACTLY. FRACTIONS should not be used. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33467

33467 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

82a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna T Myer

(a) Residence: No. Parkesville, Maryland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) August 28th 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Parkesville
(State or country)

FATHER

13. NAME Thomas T Myer

14. BIRTHPLACE (city or town) Baltimore
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Garber

16. BIRTHPLACE (city or town) —
(State or country)

17. INFORMANT Elizabeth Myer
(Address) Oscar Mills

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date March 16 1937

19. UNDERTAKER Adelsheim & Son
(Address) Orchard & Eutaw Sts

Huntington Williams, Inc.

R 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 5 1937 to March 14 1937

I last saw her alive on March 14, 1937 Death is said to have occurred on the date stated above, at 2.20 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 3/9/37

Other contributory causes of importance:

Hypertension
Arteriosclerosis, Aortic Fibrillation

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) Franklin McCauley M. D.

(Address) Women's Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33468

33468 HEALTH DEPARTMENT—CITY OF BALTIMORE

66-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4009 Elderon Avenue St., 28-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 0 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lettia Clemantine Carner

If U. S. Veteran specify WAR None

(a) Residence: No. 4009 Elderon Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Gasper Albright Carner

6. DATE OF BIRTH (month, day, year) May-14-1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grundry Va.

FATHER

13. NAME Harvey A. Perkins

14. BIRTHPLACE (city or town) (State or country) Honaker Va.

MOTHER

15. MAIDEN NAME Lettia Clemantine

16. BIRTHPLACE (city or town) (State or country) ? ? Va.

17. INFORMANT Mr. George M. Carner (son)
(Address) 3809 Bonner Road

18. BURIAL, CREMATION, OR REMOVAL
Place Bluefield, W. Va. Date Mar-15 1937

19. UNDERTAKER Stewart & Mowen Company
(Address) 108 W. North Avenue

MAR 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch 14 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1936 Mch 14 1937

I last saw h[er] alive on Mch 14 1937. Death is said to have occurred on the date stated above, at 6 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis	?
Arteriosclerosis & Endocarditis	?
Toxic Adenoma Thyroid	?
Bronchopneumonia	3/12-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W. R. Johnson, M. D.

(Address) Matoaka W. Va.

17

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33469 HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

181 F 33469

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital

Length of residence in city or town where death occurred 8 yrs. 7 mos. 20 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Verna E. Lane.

(a) Residence: No. 1737 Olive St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) July 21, 1928

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Carroll Lane.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Florence Murphy.

16. BIRTHPLACE (city or town) (State or country) Mississippi.

17. INFORMANT Florence Lynn. (mother)
(Address) 3312 Noble St.

18. BURIAL, CREMATION, OR REMOVAL
Place Pt Burial Date March 16 1937

19. UNDERTAKER Lee Haywood Evans
(Address) 1217 Eutaw St

20. FILED MAR 15 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st, 2nd, 3rd degree burns about the body.	12/22/36
Toxaemia.	
Burns from flame from an oven of gas stove.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry & autopsy Was autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 12/22/36

Where did injury occur? 1737 Olive St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home.

Manner of injury Flame from gas oven.

Nature of injury Burns of body.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto M. Reinhardt, M. D.
Coroner

3/15/37 (Address) 1017 S. Charles St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

33470

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33470

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 11-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Howard Corbin

If U. S. Veteran specify WAR .....

(a) Residence: No. Towson Md. R.F.D. # 6 St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 1 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
Baltimore City at Large

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lock Baden Retired

10. Date deceased last worked at this occupation (month and year) 40 (Approximate number of years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) Providence Md.

FATHER

13. NAME Joshua Corbin

14. BIRTHPLACE (city or town) (State or country) Balto Co Md.

MOTHER

15. MAIDEN NAME Mary E. Evans

16. BIRTHPLACE (city or town) (State or country) Balto Co Md.

17. INFORMANT Mrs Ida. Cafee.

(Address) 6019 Bellona. ave Govans

18. BURIAL, CREMATION, OR REMOVAL

Place Providence Date March 17 1937

19. UNDERTAKER John Burns Sons

(Address) Towson Md.

20. FILED MAR 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15-1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1937 to March 15, 1937

I last saw h... alive on March 13, 1937. Death is said to have occurred on the date stated above, at 10:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	?
Arteriosclerotic heart disease	?

Other contributory causes of importance:

Diabetes Mellitus	?
Bronchopneumonia	3-12-37

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Howard A. Kelly M. D.

(Address) Union Memorial Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

33471

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33471

CERTIFICATE OF DEATH

122 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 26-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Birkefeld

If U.S. Veteran specify WAR ...

(a) Residence: No. 4315 Antanas Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick C. Birkefeld

6. DATE OF BIRTH (month, day, year) Dec. 11th 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md

FATHER

13. NAME John Berger

14. BIRTHPLACE (city or town) (State or country) Hohenau Germany

MOTHER

15. MAIDEN NAME Catherine Berger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Birkefeld

(Address) 4315 Antanas Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Date Mar 17 37

19. UNDERTAKER Fuhrman Lanahan & Son

(Address) 7201 Belair Rd

20. Filed ... 19 ... Registrar ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-14- , 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 16 , 1937 to March 14 , 1937

I last saw her alive on 3-14 , 1937 Death is said to have occurred on the date stated above, at 3 50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	3-[illegible]-37
Intestinal Obstruction	

Other contributory causes of importance:

Was an operation performed? Yes Date of 2-16-37

For what disease or injury? Intes Obst.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank P. Stephenson M. D.

(Address) St. Joseph's Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 15 1937

F 33472

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33472

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2124 Ramsay St., 20 Ward 5

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Anna M. Wolfarth

(a) Residence: No. 2124 Ramsay St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edmund Wolfarth

6. DATE OF BIRTH (month, day, year) December 31st 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Sherman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Conrad G. Wolfarth

(Address) 2124 Ramsay St.

18. BURIAL, CREMATION, OR REMOVAL

Place Linden Park Date March 16 1937

19. UNDERTAKER George L. Schwab

(Address) 2101 Frederick Ave.

Filed MAR 15 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1 1937 March 14 1937

I last saw alive on March 13 1937 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia Central Abdominal Senility, Myocarditis Superficial Burn of Face Liquefaction

Date of onset

Other contributory causes of importance: Pulmonary Oedema

Was an operation performed? — Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Nathaniel Potter M. D.

(Address) 3151 Walbrook Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

33473 F 33473

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15-8 93c

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 2103 Chelsea Terrace St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 3 mos. 18 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Courlaender Simms.

(a) Residence: No. 2103 Chelsea Terrace. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph J. Simms.

6. DATE OF BIRTH (month, day, year) Nov. 26, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Bernard Courlaender

14. BIRTHPLACE (city or town) (State or country) Denmark.

MOTHER

15. MAIDEN NAME Alise de'Callon

16. BIRTHPLACE (city or town) (State or country) Paris, France.

17. INFORMANT Mrs. Alfred C. Wilson.
(Address) 2103 Chelsea Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Mar 16, 1937

19. UNDERTAKER Henry W. Meads & Son.
(Address) 805 N. Calvert St.

20. FILED MAR 15 1937 Washington Whitemarsh

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/11, 1937 to 3/13, 1937

I last saw h[illegible] alive on 3/13, 1937. Death is said to have occurred on the date stated above, at 10.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4 days
Arteriosclerotic Cardiovascular Disease - Chronic Myocarditis	(?)
Other contributory causes of importance: Acute Heart Failure	2 hrs
Acquired	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Lester E. Lieb M. D.

(Address) 928 N. Charles St.

F 33474

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33474

CERTIFICATE OF DEATH

20993 46 F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 5-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Kunkel

If U. S. Veteran specify WAR

(a) Residence: No. 219 N. High St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 12-1-1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Kunkel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. 3/16 1937

19. UNDERTAKER Henry H. Myers & Son

(Address) 802 N. Calvert St.

20. FILED MAR 16 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10-37, 1937, to March 14, 1937

I last saw him alive on March 14, 1937. Death is said to have occurred on the date stated above, at 4:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas	Feb. 1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hubbe Santelle, M. D.

(Address) Baltimore City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33475

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33475

CERTIFICATE OF DEATH

34E-107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 11 mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Wilmore

(a) Residence: No. Hoffman Rd R F D Colemans Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Earnestine Wilmore

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester

FATHER

13. NAME Geo Wilmore

14. BIRTHPLACE (city or town) (State or country) Md / Kent Co

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Kent Co Md

17. INFORMANT P Lillie Wright

(Address) Colemans Md

18. BURIAL, CREMATION, OR REMOVAL

Place Colemans Md Date Mar 17, 1937

19. UNDERTAKER B R Tolbert

(Address) Still Pond Md

Huntington Williams, Registrar

MAR 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 5, 1937 to March 15, 1937

I last saw him alive on March 15, 1937 Death is said to have occurred on the date stated above, at 5-0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nervous system - syphilis, Tabo-Paresis	
Bronchopneumonia	March 1937

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H W Robinson Jr M. D.

(Address) Crisfield Md

F 33476

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 33476 (32364)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — 8-4 — 89B — Registered No.

CITY OF BALTIMORE: (No. ... St. ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Fautz — If U. S. Veteran specify WAR

(a) Residence: No. 2331 E Federal St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca

6. DATE OF BIRTH (month, day, year) 8/29/66

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 50 60

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Solomon Fautz

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Naile

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Moreland Md. Date March 17 37

19. UNDERTAKER John C. Miller (Address) 2433-35 E. Eldersley

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1937 to Mar 14, 1937

I last saw him alive on Mar 14, 1937. Death is said to have occurred on the date stated above, at 2.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Otitis Media Chronic R.	3-1-36
Mastoid infection R.	10-1-36
Lateral Sinus Thrombosis Rt	2-11-36
Meningitis - non epidemic	2-12-36

Other contributory causes of importance:

Was an operation performed? Yes Date of 1/13/36 and 2/11/36

For what disease or injury? Mastoid infection

Name of operation Mastoidectomy & ligation Int. Jugular

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Dandridge C. Babb M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

33477

F 33477

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 633 W. Saratoga St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs 52 mos. ds.

2. FULL NAME Filomaria Serio

(a) Residence: No. 633 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Concetta Serio Serio

6. DATE OF BIRTH (month, day, year) Aug 26, 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Trees

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Francesco Serio

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Frances Serio

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Anthony Serio

(Address) 4500 Harford Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date March 16, 1937

19. UNDERTAKER Frank V. Capitone

(Address) 2918 E. Baltimore St

FILED MAR 15 1937

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) March 13, 1937

21. I HEREBY CERTIFY, That I attended deceased from March 10, 1930 to March 12, 1937

I last saw h[illegible] alive on March 12, 1937 Death is said to have occurred on the date stated above, at 12[illegible] A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senyal arteriosclerosis with hypertension	4 yrs
chronic nephritis	
chronic bronchitis	8 days
chronic myocarditis	

Other contributory causes of importance:

old age -

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. J. Marcelli M.D.

(Address) Medical Arts Bldg

F 33478

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33478

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals S-259 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Vogel

If U. S. Veteran specify WAR

(a) Residence: No. 1137 McElderry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 29 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dock laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steam ships etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) Boston (State or country) Mass.

MOTHER

15. MAIDEN NAME Josphine Stewart

16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT Grace Anderson (aunt)

(Address) 1123 E. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date March 4 1937

19. UNDERTAKER Walter B McGee

(Address) 139 W Hamburg St

[illegible] Huntington Hillsman

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] thereon and from the evidence obtained by said [illegible] (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	

Other contributory causes of importance:

diabetic coma

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) 2105 E. Belvedere Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AR 15 1937

V S 6

F 33479

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33479

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 Gwynn Falls Parkway) (Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify War No Record

2. FULL NAME James P. Foster Sr.

(a) Residence: No. 1604 Gwynn Falls Pky Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

52. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillie Foster

6. DATE OF BIRTH (month, day, year) July 9. 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. James P. Foster Inc

10. Date deceased last worked at this occupation (month and year) March 1937

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Milburn Foster Ga.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Jane Engel

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Jane P. Foster Jr. (Address) 1604 Gwynn Falls Pky

18. BURIAL, CREMATION, OR REMOVAL Place Montclair Date 3/16 1937

19. UNDERTAKER Wilbur H. Condon Co (Address) 1212 E. Baltimore St

20. FILED Huntington Williamson, M.D.

MAR 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20. 1937 to Mar. 13. 1937

I last saw him alive on Mar. 13. 1937. Death is said to have occurred on the date stated above, at 10:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3/13/37
	/ /
Other contributory causes of importance:	
Chr. Myocarditis	1935

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? Physical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) Paul Brown. M. D.

(Address) 1663 W. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33480

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33480

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1316 Halbrook St., 9-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Talbott

If U.S. Veteran specify WAR No Record

(a) Residence: No. 1316 Halbrook St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hanna Talbott

6. DATE OF BIRTH (month, day, and year): May 14 1852

7. AGE: Years 84 | Months 10 | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT (Address): Mary Talbott 1316 Halbrook St

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Date: 3/17/37

19. UNDERTAKER (Address): Wilson Cook 2170 E Fayette St

20. FILED: Huntington Williams, Registrar

MAR 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/28/37 to 3/15/37

I last saw him alive on 3/13/37 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset acute

Other contributory causes of importance:

Arteriosclerosis Cardio-vascular renal disease ?

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? PE Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph S. Bluem M. D.

(Address) 906 E. Baltimore St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33481

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33481

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Meyers

If U. S. Veteran specify WAR .....

(a) Residence: No. 103 S. East Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) Sept 4th 1886 ~~March 13, 1937~~

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Customs Service

10. Date deceased last worked at this occupation (month and year) 3-11-37

11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles Meyers

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Wilhelmina Schroeder

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Mar 16th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 E. Paul St

20. FILED MAR 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1937, to March 13, 1937

I last saw him alive on March 13, 1937. Death is said to have occurred on the date stated above, at 9:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease, coronary thrombosis	1 week

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? PM. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) T. O. Anderson, M. D.

(Address) U.S. Marine Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33482 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33482

CERTIFICATE OF DEATH 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3334 Lyndale Ave 8-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Hinkel

(a) Residence: No. 3334 Lyndale Ave St., Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Hinkel

6. DATE OF BIRTH (month, day, year) Feb. 14, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own shop

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Hinkel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Corine

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Wife) Barbara Hinkle

(Address) 3334 Lyndale Ave.

18. BURIAL, CREMATION OR REMOVAL

Place Mt. Carmel Date Mar 18th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED MAR 16 1937 E. Lee Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1937 to March 15, 1937

I last saw h. ~~me~~ alive on March 14, 1937. Death is said to have occurred on the date stated above, at 7:30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-2-37
Other contributory causes of importance: Congestive Pneumonia	3-10-37

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Dwer Moore M. D.

(Address) 3105 Belair Road.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 33483

F 33483 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4808 Calumet Ave 20-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Josephine M Brownell

(a) Residence: No. 4808 Calumet Ave St., ___ Ward.
(Usual place of abode)

No War Record

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles F Brownell

6. DATE OF BIRTH (month, day, year) Sept 27. 1854

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
82	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ft Mill SC

FATHER

13. NAME James A Delahay

14. BIRTHPLACE (city or town) (State or country) Ft Mill SC

MOTHER

15. MAIDEN NAME Josephine Mercer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Charles F Brownell

(Address) 4808 Calumet Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 3 18 1937

19. UNDERTAKER Nelson Sons

(Address) 1217 W Baltimore St

20. FILED ___ 19___ For [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/9/37 19___ to 3/15/37 19___

I last saw her alive on 3/15 1937 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows: I

(a) Influenza Bronchial Pneumonia

Date of onset

Other contributory causes of importance: Hypostatic Pneumonia

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___ 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ___

(Signed) Hyland Foster M. D.

(Address) 5703 Harford Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

F 33484

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33484

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3901 Orleans St. St. 76-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Becker

If U. S. Veteran specify WAR .....

(a) Residence: No. 3901 [redacted] Orleans St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Annie Becker

6. DATE OF BIRTH (month, day, year) Sept. 12 - 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Becker

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT George Becker

(Address) 3901 Orleans St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Matthews Date March 16 1937

19. UNDERTAKER C. Miller & Son

(Address) 2354 Jefferson St

20. FILED 19 ..... Registrar.

MAR 16 1937 Washington Witness, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/13/32. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. Pratt Street.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33485

33485

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 PIERCE St. 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME LOUISE WEBSTER

If U. S. Veteran specify WAR .....

(a) Residence: No. 711 PIERCE St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	COL	WIDOWED

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) —

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about	65	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HOUSEWORK

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) V. a.

FATHER

13. NAME Shadnie Carter

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT WALTER. WEBSTER

(Address) 711. PIERCE ST

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 3/17 19 37

19. UNDERTAKER Wm A Dashiell

(Address) 916 Rum... ave

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15 19 37

22. I HEREBY CERTIFY, That I attended deceased from March 12 19 37 to March 15 19 37

I last saw h... alive on March 15 19 37. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/12
	1937

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation none

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Grason Gaver M. D.

(Address) 1... Eutaw Pl

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33486 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33486

CERTIFICATE OF DEATH

93-e

16-6

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2623 N. CHARLES STREET, 16-6 Ward)

Length of residence in city or town where death occurred 76 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ALICE S. POUMAIRAT

If U. S. Veteran specify WAR .....

(a) Residence: No. 2623 N. CHARLES ST. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of CHARLES H. POUMAIRAT

6. DATE OF BIRTH (month, day, year) July 25, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME ALBERT R. SEIDENSTRICKER

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME HARRIET DAVIS

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Carcline P. Stuart
(Address) 3106 Abell Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Mch. 16, 1937

19. UNDERTAKER John O. Mitchell Sons
(Address) 1900 Eutaw Place

20. FILED ..... 19.....
Registrar.

MAR 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from July, 1930 to March 13, 1937.

I last saw her alive on March 13, 1937. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Years
Hypertension	"
Arteriosclerosis	"

Other contributory causes of importance:

Tuberculosis Cervical Glands	2-3 Mos.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. W. Brady, M. D.

(Address) 1403 Park Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

33487

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33487

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 McKean Ave. St. 16-4 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME CHARLES M. P. Campbell

If U. S. Veteran specify WAR .....

(a) Residence: No. 800 McKean Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nannie B. Stockslager

6. DATE OF BIRTH (month, day, year) Sept 15.1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B.&.O.Shops

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maine

FATHER

13. NAME Melvin Campbell

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME Sarah Hefferstay

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Nannie B. Campbell

(Address) 800 McKean Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date Mch. 16 1937

19. UNDERTAKER John O'Mitchell Sons

(Address) 1900 Eutaw Place

20. FILED ..... 19.....

MAR 16 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12.1937

22. I HEREBY CERTIFY, That I attended deceased from February 3, 1937, to March 12, 1937

I last saw h.im alive on March 12, 1937. Death is said to have occurred on the date stated above, at 11.50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	1936
Cerebral hemorrhage	3-12-37

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Thomas H. Slater M. D.

(Address) 1203 W. Fayette St.

1203 W. Fayette St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 33488

F 33488

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH Baltimore, Md.

Registered No.

CITY OF BALTIMORE: (No. 722 N. Carrollton Ave 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence C. Browne

(a) Residence: No. 722 N. Carrollton Ave, Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rev. James D. Browne

6. DATE OF BIRTH (month, day, year) Feb 6, 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) April 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburg, Pa

FATHER

13. NAME George Pair

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Rev. James D. Brown
(Address) 722 Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Mem. Pk Date Mar. 16 '37

19. UNDERTAKER Mrs. Geo. V. Holland
(Address) 1631 Druid Hill Ave

20. FILED MAR 15 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1937 to March 12, 1937

I last saw h.. alive on March 12, 1937. Death is said to have occurred on the date stated above, at 11:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	3-11-37
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, state

(Signed) W. Howard Bond, M. D.

(Address) 2445 Druid Hill Ave

Toliver

F 33489

33489

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 930 W Franklin St. 18-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Toliver

If U. S. Veteran specify WAR .....

(a) Residence: No. 930 W Franklin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59 (60)			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Charles Toliver

14. BIRTHPLACE (city or town) (State or country) Ala

MOTHER

15. MAIDEN NAME Lucy Lipsin

16. BIRTHPLACE (city or town) (State or country) Ala.

17. INFORMANT Harry Hopkins

(Address) 930 W Franklin.

18. BURIAL, CREMATION, OR REMOVAL.

Place Wilmington Del. Date Mar. 16 '37 19

19. UNDERTAKER Wm. Geo. P. Ballard

(Address) 631 Penna Ave

20. FILED ..... 19 .....

MAR 16 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-13 — 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	3/13/37
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. L. Allen M. D.

Coroner

(Address) 509 Augusta St.

F

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-3

33490 Conley F 33490

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2027 Druid Hill St. Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lola D. Conley If U. S. Veteran specify WAR

(a) Residence: No. 2222 Druid Hill St. Ave, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, write the word
Female	Col	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Wm K. Conley

6. DATE OF BIRTH (month, day, year) June 30 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nonsum

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salamanca N.Y.

FATHER

13. NAME Terrain Warren

14. BIRTHPLACE (city or town) (State or country) Salamanca N.Y.

MOTHER

15. MAIDEN NAME Mary Cooper

16. BIRTHPLACE (city or town) (State or country) Salamanca N.Y.

17. INFORMANT Mrs. Carolat Knowles

(Address) 2222 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 3/17/37 19

19. UNDERTAKER Mrs. Geo. N. Holland

(Address) 1631 Druid Hill Ave

FILED MAR 16 1937 Washington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above. 2 15 pm,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis,	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Grason M.D. Coroner

(Address) 245 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33491

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33491

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH — 20974 — Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Medota Buckingham — If U. S. Veteran specify WAR

(a) Residence: No. 1210 McCulloh St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Buckingham

6. DATE OF BIRTH (month, day, year): 8-8-1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): North Carolina

FATHER

13. NAME: Daniel Perry

14. BIRTHPLACE (city or town) (State or country): N.C.

MOTHER

15. MAIDEN NAME: Irene ?

16. BIRTHPLACE (city or town) (State or country): N.C.

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Auburn Date: Mar. 16-37

19. UNDERTAKER: Mrs. George H. Holland
(Address): 1631 Druid Lodge Ave.

20. FILED: Huntington Williams M.D.

MAR 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-13-1937

22. I HEREBY CERTIFY, That I attended deceased from 2-9-1937 to 3-13-1937

I last saw her alive on 3-13-1937 Death is said to have occurred on the date stated above, at 5:02 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Diabetic Gangrene, Left Foot	8 weeks

Other contributory causes of importance:

Was an operation performed? Yes Date of 2-15-37

For what disease or injury? Diabetic Gangrene

Name of operation: Mid-thigh Amputation, Left

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. C. Brandegan M. D.

(Address) Baltimore City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Avon Smith

F 33492 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33492

CERTIFICATE OF DEATH ✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 Park Ave St. 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Avon Smith

If U.S. Veteran specify WAR .....

(a) Residence: No. 912 Park Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Mrs Minnie Smith

6. DATE OF BIRTH (month, day, year) April 28, 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	11 10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 052

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Minnie Smith (Address) 912 Park Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Park Date 3-17-, 1937

19. UNDERTAKER Mrs Geo. H. Holland (Address) 1731 Pennsylvania Ave

20. FILED MAR 15 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-4, 1937 to 3-14, 1937

I last saw him alive on 3-14, 1937. Death is said to have occurred on the date stated above, at 12:24 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-4-37
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) M Wilson M. D.

(Address) 1514 Pennsylvania Ave

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33493

F 33493 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2949 Frederick Ave St., 9-6 Ward)

Registered No. 164-W

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME INA R. JOHNSON

If U. S. Veteran specify WAR

(a) Residence: No. 2949 Frederick Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles Johnson

6. DATE OF BIRTH (month, day, year) Aug. 5. 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72.	7.	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas Jones

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sattie Bowers

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Jane Lent (Daughter)
(Address) New York City N. Y.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 3-16-37 19

19. UNDERTAKER F. B. Hilpert & Son
(Address) 1306 Eutaw Place

[illegible] 19 [illegible]

MAR 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above. 7 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating Gas poison.	

Other contributory causes of importance: Mental Depression two years

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 19

Where did injury occur? Baltimore City
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Kitchen. At home

Manner of injury Turned on 4 gas jets of kitchen range

Nature of injury Gas Poison

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Thos H Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33494

F 33494 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2105 Ramsey – St., 20-3 Ward)

Registered No. 1131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Fuhr

If U.S. Veteran specify WAR –

(a) Residence: No. 2105 Ramsey – St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry B. Fuhr

6. DATE OF BIRTH (month, day, year) Aug. 24 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	6	20.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) –

11. Total time (years) spent in this occupation –

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick Meyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Bopp

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Henrietta Heddrich
(Address) 2105 Ramsey St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date 3-16-37

19. UNDERTAKER F. B. Shipbert & Son
(Address) 130 Eutaw Place

20. FILED 19 [illegible]

MAR 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13. 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 8. 1936 to 3/13 1937

I last saw her alive on 3/13 1937 Death is said to have occurred on the date stated above, at 4:15 p m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
(a) Myocarditis (arteriosclerotic)	
Other contributory causes of importance: Acute nephritis	

Was an operation performed? – Date of –

For what disease or injury? –

What test confirmed diagnosis? – Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Clarence L. Thompson M. D.

(Address) 1745 W. Pratt St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1265-9

Macon

F 33495

33495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (St.) 12-5 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marian Macon

If U. S. Veteran specify WAR .....

(a) Residence: No. 1731 Maryland Ave. (Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown Va

FATHER

13. NAME Unknown Daniel Macon

14. BIRTHPLACE (city or town) (State or country) Unknown Va

MOTHER

15. MAIDEN NAME Unknown B. Scott

16. BIRTHPLACE (city or town) (State or country) Unknown Va

17. INFORMANT Stella Macon

(Address) 1731 Maryland ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 3/16 '37

19. UNDERTAKER Layner Sanders

(Address) 1423 E Baltimore St

Huntington Williams

20. FILED MAR 15 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/12 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilitation	

Other contributory causes of importance: Myocarditis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, how?

(Signed) Orin B. Wallace M. D.

Coroner

(Address) 1081 St Paul St

N. B.—Blanks must be filled with information required. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33496 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 33496

CERTIFICATE OF DEATH X V108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital (Ward) 10-1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Albert Steinkamp

If U.S Veteran specify WAR

(a) Residence: No. 614 Coleraine Rd St., Ward. Catonsville, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary F. Steinkamp

6. DATE OF BIRTH (month, day, year) Oct. 11 — 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Rate Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Penna. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry J. Steinkamp

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Laura Kaiser.

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mary F. Steinkamp

(Address) 614 Coleraine Road

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Mar 17 — 1937

19. UNDERTAKER Josiah Eyler

(Address) 1200 N. Howard Ave

20. FILED ... 19 ... Registrar

MAR 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/13, 1937, to 3/14, 1937

I last saw him alive on 3/14, 1937 Death is said to have occurred on the date stated above, at 4.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3/7/37
Acute Cardiac Dilatation	3/14/37

Other contributory causes of importance: Arteriosclerotic Cardiovascular Disease

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas D Garck M. D.

(Address) Bon Secours Hosp

VS 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33497

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33497

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5921 Greenhill Ave St., 26th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Marie MacFarlane

If U. S. Veteran specify WAR .....

(a) Residence: No. 5921 Greenhill Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William J MacFarlane.

6. DATE OF BIRTH (month, day, year) August 2 - 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Practical Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 1918

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Fred'k Honeg

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Mary Persch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Helen Krenenberg

(Address) 5921 Greenhill Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date April 17 37

19. UNDERTAKER Joseph Syfan

(Address) 16 E. Hoffman St.

20. FILED MAR 16 1937 Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 7, 1937 to Mar 14, 1937

I last saw her alive on Mar. 14, 1937 Death is said to have occurred on the date stated above, at 9.30 p m.

The principal cause of death and related causes of importance were as follows:

	Duration
Coronary Thrombosis	3/10/37
Cardiac failure	3/12/37
Hypertension	1930
Arteriosclerosis	1930

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Albert J Hunelfarb M. D.

(Address) 5447 Belair Rd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33498

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33498

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 N. Central Ave St. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ignatius J. Lortz

(a) Residence: No. 1121 N. Central Ave St., Ward.

(Usual place of abode)

If U.S. Veteran specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Lortz

6. DATE OF BIRTH (month, day, year) Not stated

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Abt.	67	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Jacob Lortz

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Jennie Lortz

(Address) 1121 N. Central Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cemetery Date March 18, 1937

19. UNDERTAKER Longo, Rockford Inc.

(Address) 1301 E. Pratt St.

Filed MAR 16 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937 to March 15, 1937. I last saw him alive on March 15, 1937. Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Double)	10 days
Acute Cardiac Dilatation	1 day

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ford Thompson M. D.

(Address) 100 W. Madison St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 33499

33499 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1927 West Lafayette Ave. St. 11-12 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. 4 mos. 2 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mary Elizabeth Whitaker

If U. S. Veteran specify WAR ____

(a) Residence: No. 1927 West Lafayette Ave. St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of **********

6. DATE OF BIRTH (month, day, year) November 12, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	82	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Henry M. Whitaker

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Mary C. Miller

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Mr. James H. Whitaker

(Address) 3216 Brightwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date March 16, 1937

19. UNDERTAKER Wm. J. Dickinson & Son

(Address) 1 North Pa[illegible]

MAR 16 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ____ thereon and from the evidence obtained by said ____ (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above. 10.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	

Other contributory causes of importance:

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ____

(Signed) [illegible] M. D. Coroner

(Address) 215 Hamilton Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33500

33500

CERTIFICATE OF DEATH

V 129

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 25-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Watkins

If U.S. Veteran specify WAR ...

(a) Residence: No. 1633 N. Carey St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Josephine Watkins

6. DATE OF BIRTH (month, day, year) May 14, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor Plumbing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Supply house

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

FATHER

13. NAME John Watkins

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER

15. MAIDEN NAME Sallie Thomas

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Philip Watkins

(Address) 205 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Mar 17 37

19. UNDERTAKER T. E. Kelson

(Address) 1302 Pennsylvania Ave

20. FILED ..... 19 .....

MAR 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3.14. 1937

22. I HEREBY CERTIFY, That I attended deceased from 3.13. 1937 to 3.14. 1937

I last saw him alive on 3.14. 1937 Death is said to have occurred on the date stated above, at 2.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Polyserositis	2.1.37
Other contributory causes of importance:	
none	over

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Clinical & X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James D. Carr M. D.

(Address) 515 Mosher St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33501 **CERTIFICATE OF DEATH** 95-3 F 33501

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Mrs. Margaret Brandt

(a) Residence: No. 2713 E. Biddle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John Brandt

6. DATE OF BIRTH (month, day, year) Mar 20 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Joseph Booker

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Clara Bagley

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 3/ /37

19. UNDERTAKER Philip Henrig Sons
(Address) 2016 Eastern Ave

20. FILED MAR 16 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 12, 1937, to Mar. 14, 1937

I last saw h. alive on Mar. 14, 1937. Death is said to have occurred on the date stated above, at 9:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive C-V disease	(?)
Other contributory causes of importance: Cerebral Hemorrhage	3/4

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Irving Freeman, M. D.

(Address) Mercy Hosp.

state CAUSE OF DEATH in plain ... OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33502

CERTIFICATE OF DEATH

131 F 33502

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1215 E. North Ave St., 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm H. Le Fevre

(a) Residence: No. 1215 E. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Lida M. Le Fevre

6. DATE OF BIRTH (month, day, year): Dec 5 - 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Power House Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: Le Fevre

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Mrs. Lida M. Le Fevre
(Address) 1215 E. North ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Mar. 16 37

19. UNDERTAKER: Philip Herwig Sons
(Address) 206 [illegible]

20. FILED MAR 16 1937 19
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 - 1928 to March 13 1937

I last saw him alive on March 12 1937 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Poison	3/2/37
(Other contributory causes of importance:)	
Chronic Arteriosclerosis	12/3/28
Chronic Hypertension	(?)
Chronic Nephritis	12/3/28
Was an operation performed? Date of	no
For what disease or injury?	no

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury X X 19XX

Where did injury occur? There was none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X X X X

Manner of injury X X X X

Nature of injury X X X X

24. Was disease or injury in any way related to occupation of deceased? No If so, specify XXXX

(Signed) Otto H. Duker M. D.

(Address) 920 E. North Av

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

va 3

F 33503 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186a F 33503

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1044 Granby St. 3-V Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Burge

If U. S. Veteran specify WAR .....

(a) Residence: No. 1044 Granby St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) Feb 11 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME George H. Eikenberg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ~~Unk~~ Wilhelmina Waidken

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Lena Herman

(Address) 933 S. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Date 3/17/37

19. UNDERTAKER Alt. Albert & Son

(Address) 2513 Edmondson Ave

20. [illegible] Westminster, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1937

22. I HEREBY CERTIFY: That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia (Tuberculosis)	
Other contributory causes of importance: Fracture of humerus	Oct 1936

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury 10/36 19

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Fell down Steps

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. M. Wright M. D.

Coroner

(Address) 1010 S. Eleventh Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 16 1937

F 33504 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33504

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ds. How long in U. S. If of foreign birth? 37 yrs. mos. ds.

2. FULL NAME Josephine Bucek

If U.S. Veteran specify WAR

(a) Residence: No. 2124 Ashland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Bucek

6. DATE OF BIRTH (month, day, year): Feb. 16, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: Frank Bucek

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Josefa Banes

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT (Address): Mildred Bucek 2124 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: March 17 37

19. UNDERTAKER (Address): Hanks Brock & Son 1906 Eastern Ave

20. FILED MAR 16 1937 19

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (month, day, year): Mar 14, 1937

I HEREBY CERTIFY, That I attended deceased from Mar 12, 1937 to Mar 14, 1937

I last saw her alive on Mar 14, 1937 Death is said to have occurred on the date stated above, at 3:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic meningitis	3-13-37
Bronchopneumonia	3-11-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? culture spinal fluid Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank R Stephenson M. D.

(Address) St Josephs Hosp

R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

14 F 33505

33505 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 33505

CERTIFICATE OF DEATH

18392 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Jones

If U. S. Veteran specify WAR

(a) Residence: No. 1544 Argyle Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Jones

6. DATE OF BIRTH (month, day, year) 7-4-1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Huron Mason

14. BIRTHPLACE (city or town) Va.
(State or country)

MOTHER

15. MAIDEN NAME Sarah Tucker

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Laurel Cem Date 3-17-37

19. UNDERTAKER Barnard Brumley
(Address) 818 Druid Hill Ave

20. FILED [illegible] Huntington Maryland

MAR 16 1937

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1936 to March 13 1937

I last saw her alive on March 13 1937. Death is said to have occurred on the date stated above, at 2.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 days ago.

Other contributory causes of importance:

Diabetes mellitus	Unknown
Hemiplegia	5 months ago

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wade Santelle M. D.
(Address) Baltimore City Hospitals

33506

HEALTH DEPARTMENT—CITY OF BALTIMORE

33506

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 3-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Scott (21576)

(a) Residence: No. 915 S Caroline st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha

6. DATE OF BIRTH (month, day, year) ??

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME James (D)

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Charlotte ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 3/14 19 37

19. UNDERTAKER Bernard H. Hunt
(Address) 818 Druid Hill Ave.

20. FILED MAR 16 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1937 to March 12, 1937

I last saw him alive on March 12, 1937 Death is said to have occurred on the date stated above, at 10:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Jan 1937
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If a woman, ...

(Signed) Leo H. Feldman M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 33507

33507 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 131

1. PLACE OF DEATH Jenkins Memorial Hosp. 45-1
CITY OF BALTIMORE: (No. 1000 Eaton Ave. St., Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mo. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary Riddle

(a) Residence: No. Annapolis Road, Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry W Riddle

6. DATE OF BIRTH (month, day, year) Oct 4 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42.	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 0029

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Alphonso Meehan

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Nertney

16. BIRTHPLACE (city or town) (State or country) Wash. D. C.

17. INFORMANT Jenkins Memorial Hosp.
(Address) 1000 Eaton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date March 18 1937

19. UNDERTAKER Geo W Sitler
(Address) 2704

20. FILED MAR 16 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15th 1937

22. I HEREBY CERTIFY, That I attended deceased from March 3 1937 to March 15th 1937

I last saw her alive on March 14 1937. Death is said to have occurred on the date stated above, at 4 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Degenerative Cardio Vascular Renal Disease	1933.
Cardio-Vascular Failure.	3-12-37.
Other contributory causes of importance: Anasarca.	1936.

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Louis G. Llewelyn, M. D.
(Address) St. Agnes Hospital

F 33508

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33508

CERTIFICATE OF DEATH

12-B

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St. 16-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Merzbacher

If U. S. Veteran specify WAR

(a) Residence: No. 3721 Hudson St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Merzbacher.

6. DATE OF BIRTH (month, day, year) Dec. 30/1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City N.Y.

FATHER

13. NAME Adolph Berg.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Gertrude Rath.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Teresa Merzbacher. (Douther.

(Address) 3721 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Mar. 17 1937

19. UNDERTAKER Lilly & Zeiler Son

(Address) 403 E. Wolfe St.

20. FILED MAR 16 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1937 to March 13, 1937

I last saw her alive on March 13, 1937 Death is said to have occurred on the date stated above, at 11:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Cachexia & Liver	
b Primary Anemia	1932
c	
d	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul A. Oser, M. D.

(Address) Sinai Hospital

F 33509

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 33509

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 McCulloh St., 11-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Hawkins

If U. S. Veteran specify WAR .....

(a) Residence: No. 919 McCulloh St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of "

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About	52		00	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) "
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Police records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL MAR 11 1937

Place JOHNS HOPKINS MEDICAL SCHOOL Date 19

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED MAR 18 1937 Registrar

3073

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ..... find that said decedent came
(Inquest, Autopsy or Inquiry)
to death on the day stated above. 8:30 pm,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis,	over

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas Cramer M. D.
Coroner

(Address) 215 Lauder

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F. D. 33510

F 33510

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 521 Caroline St. (Ward) 17-1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Colored—Smitty + John Smith

If U. S. Veteran specify WAR

(a) Residence: No. Unknown St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of "

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad Horace

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) No information Police

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 16 1937

Commissioner of Health

19. UNDERTAKER

(Address) Per M. A. Mears

20. FILED MAR 16 1937 Filing Clerk Washington Milwaukee, Md.

#3078

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1937

I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 5-38 mm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Pneumonia Lobar	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Hamm Coroner

(Address) 1215 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

MAR 16 1937

F 33511

33511 **HEALTH DEPARTMENT--CITY OF BALTIMORE** #21624

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 16-12 Ward) 18

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Thomas B. Shaffer

If U. S. Veteran specify WAR

(a) Residence: No. No home St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) 10/8/1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3 5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New Jersey (State or country)

FATHER

13. NAME Jacob

14. BIRTHPLACE (city or town) N. J. (State or country)

MOTHER

15. MAIDEN NAME Ruth ?

16. BIRTHPLACE (city or town) N. J. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 16 1937

19. UNDERTAKER Commissioner of Health (Address) Per H. A. Moore

20. FILED MAR 16 1937 Huntington Williams, MD

3077

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-11, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-5, 1937 to 3-11, 1937

I last saw him alive on 3-11, 1937 Death is said to have occurred on the date stated above, at 5 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Other contributory causes of importance: Cellulitis of foot	3 wks

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. A. Moore, M. D.

(Address) Balt. City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33512 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33512

CERTIFICATE OF DEATH

1950

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Jesaitis

If U. S. Veteran specify WAR

(a) Residence: No. 739 W. Lexington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vincent Jesaitis

6. DATE OF BIRTH (month, day, year) 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date March 17 1937

19. UNDERTAKER John J. Greffiaurkas
(Address) 1423 S. Paca St.

20. FILED Lexington Williams Registrar.

MAR 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-14 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-15 1936 to 3-14 1937

I last saw her alive on 3-14 1937 Death is said to have occurred on the date stated above, at 8 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular disease	?

Other contributory causes of importance:

Carcinoma of breast bus.

Was an operation performed? yes Date of

For what disease or injury?

Name of operation yes

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify

(Signed) W. Bloomer M. D.

(Address) Balt. City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

326 197 F 33513

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-F 33513

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Bowers

If U. S. Veteran specify WAR

(a) Residence: No. 402 H St Elizabethon St., ... Ward. Tenn

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-18-26

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	11		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fla

FATHER

13. NAME Martin Bowers

14. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER

15. MAIDEN NAME Sylvia Davidson

16. BIRTHPLACE (city or town) (State or country) Tenn

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Elizabethon, Tenn. Date Mar. 15, 1937

19. UNDERTAKER: John McMillan Sons

(Address) 1400 Eutaw Place

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1937 to March 15, 1937

I last saw her alive on March 15, 1937. Death is said to have occurred on the date stated above, at 11.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain stem tumor - malignant	

Other contributory causes of importance:

Was an operation performed? Yes Date of March 13, 1937

For what disease or injury? Brain stem tumor

Name of operation Cerebellar exploration

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James Monroe Mason III M. D.

(Address) Johns Hopkins Hospital

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 16 1937

M. D. B 1268-9

F 33514

33514

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3606 Mar Jarvis Ave Ward) 7

Registered No. 951

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Scharlene Virginia Myers,

(a) Residence: No. 3606 Mar Jarvis Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — died

6. DATE OF BIRTH (month, day, year) June 21/31

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME J Parnes Myers

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Emma F Myers

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT J Parnes Myers

(Address) 3606 Mar Jarvis

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date Mar 18. 1937

19. UNDERTAKER Edward Lovegrove

(Address) 2069 Wash Blvd.

20. FILED MAR 16 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1937 to Mar 15, 1937

I last saw her alive on Mar 15, 1937 Death is said to have occurred on the date stated above, at 59 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Measles	3/3/37
Lobar Pneumonia	3/6/37
Other contributory causes of importance:	
Cardiac decompensation	2 days

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clin Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury , 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. C. Myers M. D.

(Address) 3321 Fairfield Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 33515

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1822 Jackson St., 24th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jennie M Fletcher Vet—No,

(a) Residence: No. 1822 Jackson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph T. Fletcher

6. DATE OF BIRTH (month, day, year) Nov 3, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wharton

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Joseph T. Fletcher

(Address) 1822 Jackson St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 3/17/37 19

19. UNDERTAKER George J. Ruth Inc

(Address) 1515 Harford Ave

FILED MAR 16 1937 ... REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24 1937 to March 14, 1937

I last saw her alive on March 14, 1937. Death is said to have occurred on the date stated above, at 12:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthma	1938
Coronary Thrombosis	3-14-37

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. L. Lollar M. D.

(Address) 707 E. Fort Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AR 16 1937

F 33516

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 33516

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens Av. St. 25-1 Ward) 75

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Susie Mc. Clanahan

If U. S. Veteran specify WAR .....

(a) Residence: No. 1506 Ridge Rd, Catonsville St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dr William Mc Clanahan

6. DATE OF BIRTH (month, day, year) July 6 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cork

FATHER

13. NAME Thomas McClanahan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Mahann

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Bowling

(Address) 1506 Ridge Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Jew Cathedral Date 3/16/ 1937

19. UNDERTAKER John J. Mogan

(Address) 3000 E. Baltimore

Huntington Williams, Registrar

MAR 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/13 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/3/37, 19..., to 3/13/37, 19...

I last saw her alive on 3/13/37, 19... Death is said to have occurred on the date stated above, at 9.55 p.m.

The principal cause of death and related causes of importance were as follows:

CHRONIC ALCOHOL TOXEMIA — Date of onset UNKNOWN

Other contributory causes of importance:

SECONDARY ANEMIA —

Was an operation performed? No Date of No

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? CLINICAL LABOR. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Daniel Leo Wehner M. D.

(Address) St. Agnes Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33517

33517

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 8-4 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bertha F. Walsh

(a) Residence: No. 1571 Patterson Pk. Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced (or) WIFE of John F. Walsh

6. DATE OF BIRTH (month, day, year) Aug 21-1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	6	14 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Gustav Leutmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John C. Walsh

(Address) 1571 Patterson Pk. Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Emanuel Cem. Date March 17. 1937

19. UNDERTAKER Jos H. Valentine

(Address) 2326 Aiken St.

[illegible] Clifton Mortuary, Inc.

MAR 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/14/ 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Hip (Right)	

Other contributory causes of importance:

Bronchio-pneumonia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 2/15/ 1937

Where did injury occur Sidewalk in front 1571 Patterson Pk. Ave. Balto, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell on pavement

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1919 E. North Ave.

F 33518

33518 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 57

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St. H-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katie Henson

If U. S. Veteran specify WAR

(a) Residence: No. Landover P.O. Prince Georges Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Henson

6. DATE OF BIRTH (month, day, year) December 5, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) 1910

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Prince George County Md.

FATHER

13. NAME Henry Brown

14. BIRTHPLACE (city or town) (State or country) Prince Geo. Co. Md.

MOTHER

15. MAIDEN NAME Alice Mitchell

16. BIRTHPLACE (city or town) (State or country) Prince Geo. Co. Md.

17. INFORMANT Daughter — Gladys Henson
(Address) Landover, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Hyattsville, Md. Date 3/16 19 37

19. UNDERTAKER Francis Gasch's Sons
(Address) Hyattsville, Md.

20. FILED MAR 16 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1937, to March 15, 1937

I last saw h[illegible] alive on March 1, 1937. Death is said to have occurred on the date stated above, at 9.0 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	Dec 1936
Arteriosclerosis, generalized	Unknown

Other contributory causes of importance:

Influenza, epidemic 2 months, chronic as result of Arteriosclerosis	2 yrs

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George D. Kelly M. D.

(Address) Mercy Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33519

HEALTH DEPARTMENT—CITY OF BALTIMORE

33519

CERTIFICATE OF DEATH

154

Registered No. 16 3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto. Gen. Hospital St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Baby Boy Palmer

(a) Residence: No. ..... St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 5, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				18

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Linwood Palmer

14. BIRTHPLACE (city or town) (State or country) Richmond Virginia

MOTHER

15. MAIDEN NAME Mary L. Bedford

16. BIRTHPLACE (city or town) (State or country) Richmond Virginia

17. INFORMANT (Address) Mr. Geo. R. G. West Balto. Gen. Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 16 1937 19

19. UNDERTAKER (Address) Commissioner of Health Per M. A. Moore

Filed MAR 16 1937

3080

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/6 1937

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1937 to March 6, 1937

I last saw him alive on March 6, 1937. Death is said to have occurred on the date stated above, at 6:25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 5½ Months	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Albert Kennard M. D.

(Address) 1934 Wilkens Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

33520

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 33520

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balti City Hospitals St., 1-5 Ward) 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME John Collins (Or) Kozlowski

If U. S. Veteran specify WAR .....

(a) Residence: No. 2219 E. Pratt Street St., ...Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of – – – – –
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 3rd, 1915

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
22	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 0.80

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frank Kozlowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Adela Jankiewicz

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Bertha Zara (Cousin)

(Address) 230 South Ann Street

18. BURIAL, CREMATION, OR REMOVAL

Place St, Stanislaus Date March 14 19 37

19. UNDERTAKER George A. Weber

(Address) 706 S. Ann Street

20. Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11 , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	
Other contributory causes of importance: Chronic nephritis (probably)	

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. W. Wright Coroner M. D.

(Address) 1010 S. Ellwood Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 16 1937

F 33521

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33521

CERTIFICATE OF DEATH

107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Edna Reben

If U. S. Veteran specify WAR

(a) Residence: No. 2615 Robb St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fm	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George J. Reben

6. DATE OF BIRTH (month, day, year) 11-3-1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT John S Reben

(Address) 2615 Robb St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 3-19 19 37

19. UNDERTAKER Leonard J Hunt

(Address) 1205 Hanford Rd

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/16/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 3/12/37, 19 to 3/16/37, 19

I last saw h[illegible] alive on 3/16/37 19. Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	

Other contributory causes of importance:

Generalized arterio sclerosis

Was an operation performed? no. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Josiah A. Hunt. M. D.

(Address) Md. Gen. Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 19 1937

F 33522

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1907 E. North Ave St., 8-5 Ward)

Length of residence in city or town where death occurred 29 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances L. Hofmann

If U. S. Veteran specify WAR .....

(a) Residence: No. 1907 E. North Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of August T. Hofmann

6. DATE OF BIRTH (month, day, year) 3-23-1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Josephine Franke (Address) 1907 E. North Ave

18. BURIAL, CREMATION OR REMOVAL Baltimore Date 3/17 1937

19. UNDERTAKER Leonard J. Koch (Address) 5305 Harford Rd

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/14 1937

22. I HEREBY CERTIFY, That I attended deceased from July 10 1936 to March 15 1937

I last saw her alive on March 10 1937 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	a number of years
Other contributory causes of importance: Cardiac decompensation	March 10 1937

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation none

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Morris B. Green M. D.

(Address) 5543 Harford Rd Baltimore Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33523

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3105 Pinewood Ave St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie M Boylan

If U. S. Veteran specify WAR

(a) Residence: No. 3611 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John E Boylan

6. DATE OF BIRTH (month, day, year) July 24-1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baaland

FATHER

13. NAME John Fitzpatrick

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Kathleen Brasker

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Kathleen Fitzpatrick (Address) 3105 Pinewood Ave

18. BURIAL, CREMATION, OR REMOVAL Cremated Date 3/18 1937

19. UNDERTAKER Leonard J Keogh (Address) 5705 Harford Rd

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/6, 1937 to 3/16, 1937

I last saw her alive on 3/13, 1937. Death is said to have occurred on the date stated above, at 11:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Right Breast	

Other contributory causes of importance:

Was an operation performed? Yes Date of 3 yrs ago

For what disease or injury? Cancer

Name of operation Removal of Breast

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hyland Foley M. D.

(Address) 5703 Harford Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 33524

F 33524

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

165

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3604 N. Rogers Ave. St., 28-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME CLARENCE E. McFREDERICK

If U. S. Veteran specify WAR .....

(a) Residence: No. 3604 N. ROGERS AVE. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ELLA J. VINCENT

6. DATE OF BIRTH (month, day, year) Jany 19. 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	1	24 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FLORIST 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

FATHER

13. NAME James McFREDERICK

14. BIRTHPLACE (city or town) (State or country) BALTO. MD.

MOTHER

15. MAIDEN NAME LINDA LEOSON

16. BIRTHPLACE (city or town) (State or country) BALTO. MD.

17. INFORMANT ELLA J. MCFREDERICK

(Address) 3604 N. ROGERS AVE.

18. BURIAL, CREMATION, OR REMOVAL

Place WESTERN CEMY. Date Mch. 17. 1937

19. UNDERTAKER John O. Mitchell Sons

(Address) 1900 EUTAW PLACE.

19 ..... Registrar.

MAR 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 14. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation by hanging	

Other contributory causes of importance:

Nervous condition

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 3/14, 1937

Where did injury occur? in garage house
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in rear of home 3604 Rogers ave.

Manner of injury hung self with rope

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. Hamilton Cramer M. D.
Coroner

(Address) 1215 S. Hanover St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 33525

33525

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2111 Boone Street St., 9-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward J. Magill

(a) Residence: No. 2111 Boone Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) 9- 14- 1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
29	6	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mutuel clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Racetracks

10. Date deceased last worked at this occupation (month and year) --

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME James E. Magill

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

MOTHER

15. MAIDEN NAME Katherine O'Malley

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

17. INFORMANT Mrs. Katherine Magill
(Address) 2111 Boone St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 3-17-37, 19...

19. UNDERTAKER MARY M. WIEDEFELD
(Address) 501 E. 22nd St.

20. FILED MAR 16 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-11, 1937, to 3-14, 1937

I last saw h.. alive on 3-14, 1937. Death is said to have occurred on the date stated above, at 6:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-9-37
Acute Alcoholism	3-11-37

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) R. E. Lynn, M. D.

(Address) 423 E. North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33526

33526 HEALTH DEPARTMENT—CITY OF BALTIMORE

21687

CERTIFICATE OF DEATH

107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St. 9-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1914 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles Norman Clarke

If U. S. Veteran specify WAR

(a) Residence: No. 2044 Kennedy Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 7-2-1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0008

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Harry T. (D)

14. BIRTHPLACE (city or town) (State or country) Washington

MOTHER

15. MAIDEN NAME Mary Mount Campbell (D)

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place CATHEDRAL CEM Date 3/19/37

19. UNDERTAKER MARY M. WIEDEFELD
(Address) 5501 E 22nd St.

20. Filed MAR 16 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1937 to March 16, 1937

I last saw him alive on March 16, 1937 Death is said to have occurred on the date stated above, at 12 20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-14-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. De Santelle M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33527

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33527

121

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mr Walter Gauer

(a) Residence: No. 2603 East Fayette St Ward. No Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Ella M. Gauer

6. DATE OF BIRTH (month, day, year) April 7th 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Baker man

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Bread

10. Date deceased last worked at this occupation (month and year) 3/9/37

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jacob C. Gauer

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Susie Jones

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Ella M. Gauer

(Address) 2603 E. Fayette st

18. BURIAL, CREMATION, OR REMOVAL

Place Westview Date Mar 19th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

20. FILED MAR 17 1937 19 [illegible] Registrar, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1937 to March 16, 1937

I last saw him alive on March 14th 1937 Death is said to have occurred on the date stated above, at 3:20 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute appendicitis	
Peritonitis	
Hypostatic pneumonia	
Other contributory causes of importance:	
Leukemia	

Was an operation performed? Yes Date of 3/11/37

For what disease or injury? Acute appendicitis

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas B Marsh M. D.

(Address) Bon Secours Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33528

F 33528 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1628 E 30th St., 9-B Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adolph H. Rauft

If U.S. Veteran specify WAR No Record

(a) Residence: No. 1628 E. 30th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~last~~ WIFE of Julianna Rauft

6. DATE OF BIRTH (month, day, year) July 3rd 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocer

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME H. Rauft

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George J. Rauft

(Address) 1619 E. 30th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Mar 18th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED MAR 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 15th, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 1936 to March 15, 1937

I last saw him alive on March 15, 1937. Death is said to have occurred on the date stated above, at 4:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic heart disease	1936
Cardio-Vascular disease	1936

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Fritz J. Dinneen M. D.

(Address) 2700 Harford Road

F 33529

F 33529 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 72-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward 27 16)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Poulsen

If U.S. Veteran specify WAR World

(a) Residence: No. 3409 Virginia ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~late WIFE of~~ Margaret M. Poulsen

6. DATE OF BIRTH (month, day, year) Oct 24th 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. Co

10. Date deceased last worked at this occupation (month and year) Mar 1937

11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) (State or country) Chicago Ill

FATHER

13. NAME George Poulsen

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Margaret Poulsen

(Address) 4749 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 18th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED MAR 17 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-16-37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3-14-37 . 19 . to 3-16-37 . 19 .

I last saw him alive on 3-16-37 . 19 . Death is said to have occurred on the date stated above, at 6 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphatic Leukemia	3-1-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... . 19 .

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James L. Webb M. D.

(Address) 1213 Light St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33530

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33530

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton ave St., 13-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Etta F. Willey

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1006 Union ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Frank Willey

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Downs & Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Haverhill
(State or country) Mass.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) "
(State or country)

MOTHER

15. MAIDEN NAME Vanima Santay

16. BIRTHPLACE (city or town) Haverhill Mass
(State or country)

17. INFORMANT Frederick T. Willey
(Address) 4405 Springdale Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Mar 18th 1937

19. UNDERTAKER W. J. Cook
(Address) 1207 St Paul St

20. FILED MAR 17 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 16 1937

22. I HEREBY CERTIFY, That I attended deceased from March 9 1937 to March 16 1937

I last saw her alive on March 16 1937. Death is said to have occurred on the date stated above, at 1.50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Degeneration	
Cardio-Vascular Renal Disease	1936
Coronary Occlusion	3-5-37
Cardiac Dilatation	3-15-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis L. Cleveland M. D.

(Address) St. Agnes Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

33531 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33531

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3918 Woodlea Ave. St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Eva Kolita

If U.S. Veteran specify WAR

(a) Residence: No. 3918 Woodlea Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Kolita

6. DATE OF BIRTH (month, day, year) Dec. 10, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME ? Moritz

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Annie Horn

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Eva Sadusk

(Address) 3918 Woodlea Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May. 17, 1937

19. UNDERTAKER Wm. J. Tuckner & Son

(Address) Wash & Pa Ave

20. FILED May 17 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 14, 1937.

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1936 to March 14, 1937

I last saw her alive on March 14, 1937 Death is said to have occurred on the date stated above, at 12.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease	Un-known
Other contributory causes of importance: Coronary thrombosis	3-12-37

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Physical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) I. B. Bronushas, M. D.

(Address) 3037 O'Donnell St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

33532

CERTIFICATE OF DEATH

33532

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 19-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Caroline Hanson

If U. S. Veteran specify WAR

(a) Residence: No. 536 N. Carey St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles A. Hanson

6. DATE OF BIRTH (month, day, year) Feb. 25 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	-	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME George Wagner

14. BIRTHPLACE (city or town) (State or country) Balto.?

MOTHER

15. MAIDEN NAME Caroline Abbauer

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date MAR 19 1937 19...

19. UNDERTAKER Geo. M. Little
(Address) 2700 Edmondson Ave

20. Filed ..., 19... Registrar

MAR 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1937 to Mar. 16, 1937

I last saw h.e alive on Mar. 16, 1937 Death is said to have occurred on the date stated above, at 12 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive C-V disease	?
Other contributory causes of importance:	
Cerebral Hemorrhage	2/22

Was an operation performed? — ? Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

...ature of injury

24. Was disease or injury in any way related to occupation of deceased?

— If so, specify

(Signed) H. Grafton Hemperger, M. D.

(Address) Mercy Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33533 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33533

CERTIFICATE OF DEATH 51-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr Robert Lear Boreseett If U. S. Veteran specify WAR None

(a) Residence: No. Marshall Virginia St., Ward. Marshall Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Boreseett

6. DATE OF BIRTH (month, day, year) May 15 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm do

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Rappahannock Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Evans Tomb

(Address) Ethney Road

18. BURIAL, CREMATION, OR REMOVAL

Place Marshall Va Date May 17 1937

19. UNDERTAKER Stewart Memorial

(Address) 108 W Monroe.

20. Filed MAY 17 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 18, 1936 to March 16, 1937

I last saw him alive on March 16, 1937. Death is said to have occurred on the date stated above, at 10:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypernephroma Right Kidney with metastasis to both lungs.	1936
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L Clagett, Jr. M. D.

(Address) Union Memorial Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR

33534

STATE OF MARYLAND—CERTIFICATE OF DEATH

33534

1. PLACE OF DEATH

County

Village or City Baltimore

Registration Dist. No. 131

No. 5202 Midwood ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Bowie Bracco

(a) Residence: No. 5202 Midwood ave St., Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward F. Bracco

6. DATE OF BIRTH (month, day, and year) Feby. 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	1	1	—

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Howard Co. (State or country) Md

FATHER

13. NAME John Watkins

14. BIRTHPLACE (city or town) Howard Co. (State or country)

MOTHER

15. MAIDEN NAME Amanda Smithsonn

16. BIRTHPLACE (city or town) Howard Co. (State or country) Md

17. INFORMANT Mrs. Hugh Gelston (Address) Lutherville Md

18. BURIAL, CREMATION, OR REMOVAL Place Linwood How. Co. Date Mch 18, 1937

19. UNDERTAKER John O. Whitfield & Sons (Address) 1900 Eutaw Place

19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 16 (Day) 1937 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1937, to March 16, 1937; that I last saw h.er alive on March 16, 1937; death is said to have occurred on the date stated above, at 2:50 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Interstitial chronic nephritis (Terminal)	[illegible]
Bronchopneumonia (terminal)	3/12/37

Other Contributory Causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical course Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following: No

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Rollin C. Hudson M. D.

(Address) Towson, Md.

MAR 17 1937

Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33535

33535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 Cathedral St. St. 11-2 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ELLA WALES BENHAM

If U. S. Veteran specify WAR

(a) Residence: No. 901 Cathedral St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Capt. Thomas W. Benham

6. DATE OF BIRTH (month, day, year) June 28, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Charles T. Wales

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Ann M. Longstreet

16. BIRTHPLACE (city or town) (State or country) N.J.

17. INFORMANT Helen W. Benham
(Address) 901 Cathedral St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Mch. 17, 1937

19. UNDERTAKER John Underhill & Son
(Address) 1900 Eutaw Place

20. FILED [illegible] Washington [illegible]

MAR 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 15 1936 to Mar 15 1937
I last saw h[illegible] alive on Mar 15 1937. Death is said to have occurred on the date stated above, at 7.50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
	?
Arteriosclerosis -	
Other contributory causes of importance:	
Cerebral Hemorrhage	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Walter O Thomas M. D.
(Address) 3136 Harford Ave.

N. B.—WHITE PLAINLY, WITH CAPABLE INK. THIS IS A LEGAL DOCUMENT. Write information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33536

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33536

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 5 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Bascom

If U. S. Veteran specify WAR .....

(a) Residence: No. Hayden - Md St., Ward. St Marys Co
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Sep -

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 3/12/71

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65 -		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER

13. NAME Wm Bascom

14. BIRTHPLACE (city or town) Md -
(State or country)

MOTHER

15. MAIDEN NAME Harriet Hyson

16. BIRTHPLACE (city or town) Md -
(State or country)

17. INFORMANT Records -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL St Marys Co Md
Place Holly grove, Cemetery Date 3, 20 1937

19. UNDERTAKER mrs Chas G. Bailey
(Address) 1421 Jefferson St

20. FILED ..... 19 .....
Registrar.

MAR 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb - 3 1937 to Mar - 15 - 1937

I last saw him alive on Mar - 12 - 1937. Death is said to have occurred on the date stated above, at 6 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis with Cancer right lung	1935
Pneumonia to cause	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Barnes Woodlace M. D.

(Address) JHH Baltimore, Md

A

F 33537 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33537

CERTIFICATE OF DEATH

1. PLACE OF DEATH Church Home & Inf. 6-5-59

CITY OF BALTIMORE: (No. ..... St., 6-5-59 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna D. Stoffel

If U.S. Veteran specify WAR .....

(a) Residence: No. 16 Flagship Road St., ... Ward. 1 Mt Wash Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis Stoffel

6. DATE OF BIRTH (month, day, year) Feb 5 - 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William Feuerman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. A. D. Stoffel

(Address) 16 Flagship Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mar. 8. 1937

19. UNDERTAKER John Ullrich

(Address) 2200 Eutaw

FILED MAR 17 1937 Registrar Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15-37

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1937 to March 15 1937

I last saw her alive on March 15 1937. Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio-vascular-renal disease with hypertension	
Cerebral Arteriosclerosis	

Other contributory causes of importance:

Diabetes mellitus

Uremia

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? C.L. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John A. Myers M. D.

(Address) Church Home & Inf.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 33538

33538 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 Quail St., 16-3 Ward)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary M Weiss

If U.S Veteran specify WAR none

(a) Residence: No. 503 Quail St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Weiss

6. DATE OF BIRTH (month, day, year) Aug 28 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	6	16 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME August Deems

14. BIRTHPLACE (city or town) (State or country) Dont know

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Arthur LeBrun
(Address) 3216 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cem Date March 17 1937

19. UNDERTAKER John Ulrich
(Address) 2008 Aliceanna St

20. FILED 19 Registrar.

MAR 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1937 to 20 March 1937
I last saw her alive on March 14th 1937. Death is said to have occurred on the date stated above, at 4 53 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Jan 37

Other contributory causes of importance: Senility

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Adam Tod M. D.
(Address) 4616 Eastern Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 33539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-aF 33539

Registered No. 1373

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1520 Smallwood St., (Hosp.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth 23 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rebecca Mazer

(a) Residence: No. 1520 Smallwood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Davis

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Borah

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Huday

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Abraham Mazer

(Address) 1500 Smallwood

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Carmel Date 3/17/37

19. UNDERTAKER Jos. Levy & Son

(Address) 1432 E. Baltimore St.

20. FILED Huntington Williams M.D. Registrar.

MAR 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/16/37. 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1937 to March 16 1937

I last saw her alive on March 16 1937 Death is said to have occurred on the date stated above, (to) (P.M.) (A.M.)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance:	
Cerebral Hemiplegia	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Kolb Rebikoff M. D.

(Address) 1575 N Broadway

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33540

CERTIFICATE OF DEATH

20-459 F 33540

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2545 W. Lombard - St., 20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME JOHN TODD

(a) Residence: No. 2545 W. Lombard - St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lula Todd

6. DATE OF BIRTH (month, day, year) Feb. 2, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME James Todd

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Margaret Johnson

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mrs. Lula Todd (wife)
(Address) 2545 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date Mar. 18/37

19. UNDERTAKER F. B. Wilhelm & Son
(Address) 1300 [illegible]

20. Filed MAR 17 1937 Clayton Rittenhouse, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1937 to March 15 1937

I last saw him alive on March 14 1937 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance: Diabetes	

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place —

Manner of injury —

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) Thos A Cahn M. D.

(Address) 2145 W Balto St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE #21513

F 33541

CERTIFICATE OF DEATH

70-6 107-a

F 33541

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. ..... Ward)

Length of residence in city or town where death occurred 51 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? 51 yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Ferdinand Koslowski

(a) Residence: No. 3103 Stafford St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Caroline Klaus

6. DATE OF BIRTH (month, day, year) 3/19/1849

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
87	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? good

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Mar. 19-37

19. UNDERTAKER F. B. Tippett & Son
(Address) 130 Eutaw Place

20. FILED Huntington Williams MAR 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-1 1937 to 3-15 1937

I last saw h[illegible] alive on 3-15 1937 Death is said to have occurred on the date stated above, at 6 55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days
Other contributory causes of importance: arteriosclerotic gangrene of toes	3 mos.

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) [illegible] M. D.

(Address) Balt. City Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33542 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33542

CERTIFICATE OF DEATH 24

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 432 E Cross St. 24-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 10 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard E Catterton Jr

If U. S. Veteran specify WAR

(a) Residence: No. 432 E Cross St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 20/933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Howard E Catterton

14. BIRTHPLACE (city or town) (State or country) Calvert Co md

MOTHER

15. MAIDEN NAME Elva D Mister

16. BIRTHPLACE (city or town) (State or country) Calvert Co md

17. INFORMANT Mrs Elva Catterton
(Address) 432 E Cross st

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cemetery Calvert Co md Date 3/18/37

19. UNDERTAKER John F Dennis
(Address) 715 Light St

MAR 17 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Mar 15 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/14/37, 19 , to , 19

I last saw h[illegible] alive on 3/14/37, 19 Death is said to have occurred on the date stated above, at 2 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Meningo-Encephalitis	3/14
	prob

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Walter Kohn M. D.

(Address) 102 E. Fort Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 3

F 33543 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 F 33543

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hos. St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Lee Hurst

If U. S. Veteran specify WAR .....

(a) Residence: No. 810 Harlem Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT John Craig

(Address) 810 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem Date 3/17 1937

19. UNDERTAKER Mrs Frances A Kennedy

(Address) 5[illegible] Pulaski St

20. FILED MAR 17 1937 Washington, D.C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. W. Wright Coroner, M. D.

(Address) .....

N. B.—WRITE PLAINLY WITH INDELIBLE PENCIL. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 33544

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33544

48

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3100 Mareco Ave - 1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary H. Markley
If U. S. Veteran specify WAR .....

(a) Residence: No. 3108 Mareco Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Martin Monroe Markley

6. DATE OF BIRTH (month, day, year) March 11 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44		5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER
13. NAME John W. McGuade
14. BIRTHPLACE (city or town) (State or country) Phila, Pa.

MOTHER
15. MAIDEN NAME Margaret Connore
16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Mrs. M. Markley
(Address) 3100 Mareco Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date March 18 1937

19. UNDERTAKER Margaret L. Flynn
(Address) 1424 Light St.

20. FILED MAR 17 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from October, 1936, to March 16, 1937
I last saw her alive on March 15, 1937 Death is said to have occurred on the date stated above, at 5.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cervix Uteri	June 1936
Other contributory causes of importance:	

Was an operation performed? no Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? Clin Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) J. S. Harding M. D.
(Address) 4810 Belair Rd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33545

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 33545

59

1. PLACE OF DEATH St. Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens & Catonsville Ave St., 20-5 Ward) Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 5 yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Watkins
If U. S. Veteran specify WAR

(a) Residence: No. 2206 Wilkens Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Edward Watkins

6. DATE OF BIRTH (month, day, year) Apr 4 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	9 11	11 12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER
13. NAME John Pearson
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Mt. Travers
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edw J Watkins
(Address) 2206 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL
Cathedral Cem. Date 3/18 37

19. UNDERTAKER Geo A Tarby
(Address) Fulton & Lafayette

20. Filed MAR 17 1937 Wellington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/16/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3/15/37 . 19 . to 3/16/37 . 19
I last saw h C B alive on 3/16/37 . 19 . Death is said to have occurred on the date stated above, at 2.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	3/14/37

Other contributory causes of importance:

Was an operation performed? No Date of No
For what disease or injury? No
Name of operation None Date of —
What test confirmed diagnosis? CLINICAL + LAB. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Daniel Leo Wellings M. D.
(Address) St. Agnes Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33546

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33546

CERTIFICATE OF DEATH 21729

Registered No. 79-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Beltimore CityHospts. St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1915 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR World

2. FULL NAME Harvey Wells

(a) Residence: No. 786 W. Saratoga St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 10-7-1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Un.

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Caroline Kane

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Records of Balto. City Hospts

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn National Date March 7, 1937

19. UNDERTAKER Chas. G. Cooper

(Address) 5 W. Calhoun St

20. FILED MAR 7 1937 [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1937, to March 14, 1937

I last saw him alive on March 14, 1937. Death is said to have occurred on the date stated above, at 6 00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcal meningitis	3-7-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Hazel Lantelle M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33547

✓ F 33547

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 92-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hospital, St. ..... Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George L. Wilson

If U. S. Veteran specify WAR.....

(a) Residence: No. Turners Station St., Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/15/1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 00 10

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Mt Calvary Cem. Date Mar 17 1937

19. UNDERTAKER Mrs Robert McElliott daughter

(Address) 1129 N Carrollton ave

20. FILED MAR 17 1937 E. Worthington Sherrington M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1937 to March 14, 1937

I last saw h. in alive on March 13, 1937 Death is said to have occurred on the date stated above, at 10:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	?
Hypertension	?

Other contributory causes of importance:

Bronchitis

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) E. Walter Sherrington M. D.

(Address) 1606 Penna Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33548

33548 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

120

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 S Dallas St., 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Casimir Dernoga

If U.S Veteran specify WAR

(a) Residence: No. 709 S Dallas St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Dernoga

6. DATE OF BIRTH (month, day, year) March 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. 00 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Michael Dernoga

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Yonk

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT (Address) Mary Dernoga 709 S Dallas St

18. BURIAL, CREMATION, OR REMOVAL Fr St Stanislaus Date March 18. 1937

19. UNDERTAKER Fred W Krazewski (Address) 1930 Eastern Ave

20. FILED Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16. 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2 1937 to March 16 1937.

I last saw him alive on March 16 1937 Death is said to have occurred on the date stated above, at 1.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	3-1-37
Other contributory causes of importance: Ulceration of Colon	1-5-37

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? P.S.as. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John V. Zgurbicki, M. D.

(Address) 1802 Eastern ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

MAR 17 1937

✓ F 33549

33549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 117-a

1. PLACE OF DEATH: St Agnes Hospital
CITY OF BALTIMORE: (No. Wilkins and Fulton Ave St. 25 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. George Block
If U. S. Veteran specify WAR
(a) Residence: No. 2513 James St. Monument St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Katherine Block

6. DATE OF BIRTH (month, day, year) May 7. 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Piano Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER
13. NAME George Block
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Eliz. ?
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Katherine Block
(Address) 2513 James St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 18 1937

19. UNDERTAKER Mr. Mrs. John W. Tempel & Son
(Address) 801 W. Fayette St

Baltimore, Md.

MAR 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15. 1937

22. I HEREBY CERTIFY, That I attended deceased from March 12. 1937. to March 15. 1937.
I last saw him alive on March 15. 1937. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated gastric ulcer	3/12/37
Other contributory causes of importance:	

Was an operation performed? yes Date of 3-12-37
For what disease or injury? Perf. gastric ulcer
Name of operation Laparotomy Date of
What test confirmed diagnosis? Clin. Dgn. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. H. Williamson M. D.
(Address) St. Agnes Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. Particulars should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33550 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33550

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 North Luzerne Street St., 7-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME WILLIAM F. MOEBIUS

If U. S. Veteran specify WAR .....

(a) Residence: No. 514 North Luzerne St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Delia Rodenhaver Moebius

6. DATE OF BIRTH (month, day, year) May 21, 1881

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
55	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Transfer Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Busines Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frederick Moebius

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Laura Muse

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Delia Rodenhaver Moebius
(Address) 514 North Luzerne Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Mar. 19 1937

19. UNDERTAKER Chas. H. Fraud & Son
(Address) 1715 W. Pat. Royal Ave

MAR 17 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937 to Mar 16, 1937

I last saw h... alive on Mar 13, 1937 Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?
Other contributory causes of importance:	

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Sputum Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify .....

(Signed) Frank Jerome M. D.

(Address) 3047 St Paul St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 3

F 33551

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33551

21834 95-B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 76-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1903 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Cushing

If U. S. Veteran specify WAR

(a) Residence: No. 112 S. Haven St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joshua (D)

6. DATE OF BIRTH (month, day, year) 4-20-1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Robert Gracey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna Rubenstein

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Stone Chapel Cem. Date March 17, 1937

19. UNDERTAKER Wendell D. Hupp
(Address) 1400 Eutaw St.

20. FILED 19 Registrar

MAR 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1937, to March 15, 1937

I last saw her alive on March 15, 1937. Death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	Dec. 1936
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Hyde Santelle M. D.

(Address) Baltimore City Hospitals

14

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33552

33552 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Haven Hospital Ward) 9-2

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Donald Parker

If U. S. Veteran specify WAR

(a) Residence: No. Camp Parole Md St., ... Ward. Maryland

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 17, 1936.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9	28, 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Camp Parole Md.

FATHER

13. NAME James W. Parker

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Evelyn Jackson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT James Parker

(Address) Collins, Park. Md

18. BURIAL, CREMATION, OR REMOVAL

Place Bunnell's Date 3/19 1937

19. UNDERTAKER E. Rae Graf

(Address) Linwood Ave. Md

20. FILED ... 19 ... Reg.

MAR 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 10, 1937 to Mar. 16, 1937

I last saw h/ in alive on Mar. 16, 1937. Death is said to have occurred on the date stated above, at 9:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/7/37
Emphysema	3/12/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Presumptive Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sidney Edman M. D.

(Address) Lyden Haven Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 33553

33553 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2500 Simpson St., 9-H Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Mowery

(a) Residence: No. 2500 Simpson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 16, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Md
(State or country)

FATHER

13. NAME John Mowery

14. BIRTHPLACE (city or town) Howard Co Md.
(State or country)

MOTHER

15. MAIDEN NAME Goldie Beasley

16. BIRTHPLACE (city or town) Balto Md.
(State or country)

17. INFORMANT Goldie Mowery (mother)
(Address)

18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS MEDICAL SCHOOL MAR 17 1937
Place Date 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED ..... 19 ..... 30832 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1937 to March 17, 1937

I last saw h[illegible] alive on March 17, 1937. Death is said to have occurred on the date stated above, at 7 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital heart lesion	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. Gilpin M. D.

(Address) 1429 E. Monument St.

Information should be carefully supplied. Any wilful misstatement is punishable by law. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 33554

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 33554

95-13

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2950 Harford Road St., 9-6 Ward)

Length of residence in city or town where death occurred 85 yrs. about mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lydia Clem Marshall

(a) Residence: No. 2950 Harford Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If ~~married, widowed, or divorced~~ (or) WIFE of Oliver P. Marshall

6. DATE OF BIRTH (month, day, year) about ?---?---1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 85	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (None)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME John A. Ramsay

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Isabelle Clazy

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Mrs Isabelle Young

(Address) 2470 Chirley Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mch 20 1937

19. UNDERTAKER The Wm. J. Fore Inc

(Address) 2424 E. Biddle St.

20. FILED MAR 17 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1937 to March 16 1937

I last saw her alive on March 12 1937. Death is said to have occurred on the date stated above, at 10.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	
Cardiac Hypertrophy	

Other contributory causes of importance:

Cardiac Failure	Two

Name of operation ~ Date of ~

What test confirmed diagnosis? ~ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury ~ 19

Where did injury occur? ~
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ~

(Signed) Oliver P. Marshall M. D.

(Address) 3126 Harford Rd.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33555

F-33555 52

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92a-143

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. E-2 St., E Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie Annenbach

(a) Residence: No. 2503 E Hoffman St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) 5/18/06

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Byrnes

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie Poltz

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Mar 20 1937

19. UNDERTAKER Leo Gerbrook
(Address) 1703 N. Patterson Park Ave

20. FILED ... 19... Registrar.

MAR 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 17. 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 1937 to Mar 17 1937

I last saw her alive on Mar 17 1937 Death is said to have occurred on the date stated above, at 6:45 a m.

The principal cause of death and related causes of importance were as follows:

Intestinal Stenosis and Insufficiency — Date of onset 1932
due to Rheumatic Heart Dis. — Dec. 1936
Cardiac Failure

Other contributory causes of importance:

Pregnancy

Was an operation performed? No Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Joseph T. Sadusk, Jr. M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. Age should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 33556

33556 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1602 E. Wolfe St., 8-6 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Margaret Thon

(a) Residence: No. 1602 E. Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hubby Thon

6. DATE OF BIRTH (month, day, year): Feb. 15-1859

7. AGE: Years 77 | Months 6 | Days 1 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: Leonard Frederick
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Margaret Wies
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Anna Ingram
(Address) 1602 E. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Date: Nov. 18, 1937

19. UNDERTAKER: George L. Lohmeyer
(Address) 2101 Eastern

20. FILED ... 19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1936, to Nov. 16, 1937.

I last saw her alive on Nov. 16, 1937. Death is said to have occurred on the date stated above, at 1.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance:	
Arteriosclerosis	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Jacob Fisher M. D.

(Address) 1823 N. Wash St

Information should be carefully supplied. AGE should be stated EXACTLY. If unknown, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AR. 17 1937

F 33557

33557 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 15-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Emma W. Meyers

(a) Residence: No. 1556 Moreland St., Ward. Phillipsburg NJ

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Wm. Meyers

6. DATE OF BIRTH (month, day, year) Oct 25-1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila Penna

FATHER

13. NAME Peter Koriader

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Pauline ?

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Wm. Meyers

(Address) 372 Wash St Phillipsburg NJ

18. BURIAL, CREMATION, OR REMOVAL Phillipsburg Warren Co. N.J. Date 3/18 1937

19. UNDERTAKER Wm Cook

(Address) 12-17 et Paul St.

20. FILED 19 Registrar

MAR 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 16. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1937 to Mar 16, 1937

I last saw he alive on Mar 16, 1937 Death is said to have occurred on the date stated above, at 6.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkin's Disease	1933
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Irwin Sauber M. D.

(Address) Sinai Hospital

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

E 33558

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 33558

CERTIFICATE OF DEATH

50

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4801 Smadel St. 28-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence A Smith

If U. S. Veteran specify WAR No Record

(a) Residence: No. 4801 Smadel St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: John M. Smith

6. DATE OF BIRTH (month, day, year): Jan 11 1867

7. AGE: Years 70; Months 2; Days 11; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: George O. Braum

14. BIRTHPLACE (city or town) (State or country): Burdett N.Y.

MOTHER

15. MAIDEN NAME: Sarah P Cole

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Mrs Otto Lohse

(Address) 2213 Homewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: London Pk. Date: 3/19/37

19. UNDERTAKER: Wellington Coale

(Address) 1217 St Paul St.

20. FILED 19 Registered No.

MAR 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/13/36 to 3/16/37

I last saw her alive on 3/16/37. Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast with metastasis	1 yr.
Other contributory causes of importance: Arteriosclerotic Cardiovascular disease	2 yrs.

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph E. Blum M. D.

(Address) 1206 E. Preston St

Information should be carefully supplied. Note should be taken that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

33559 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 33559

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5233 Fairlawn Ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sofonia M. Gouker

If U. S. Veteran specify WAR No Record

(a) Residence: No. 5233 Fairlawn Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of William F.

6. DATE OF BIRTH (month, day, year) Apr 29 - 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Reisterstown Md

FATHER

13. NAME John Lynch

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Katherine Descallette

(Address) 5233 Fairlawn Ave

18. BURIAL, CREMATION, OR REMOVAL

Asbury Mt. Lemmon Cem Reisterstown Md Date Mar 19th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED MAR 18 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 16 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937 to March 16, 1937

I last saw h alive on March 16, 1937 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephrocolitis & Endocolitis	Unknown
Other contributory causes of importance: Chronic Nephritis	Unknown

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Te B. Burns M. D.

(Address) 4936 Park Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33560

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33560
21118

CERTIFICATE OF DEATH

95-B

12-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

life

2. FULL NAME Mary Tudor

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2635 Oak St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 6/20/1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME August Miller

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Mary Ruth

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Mar 20th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED MAR 18 1937 Enton Miller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1937, to March 16, 1937

I last saw her alive on March 16, 1937. Death is said to have occurred on the date stated above, at 5.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[redacted]	
Arteriosclerotic heart disease	1-15-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. G. DeLaunette M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. Add street number. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33561

F 33561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital Ward 27-8

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Christian H. Strobel

If U. S. Veteran specify WAR No Record

(a) Residence: No. 5715 York Road, Baltimore St., Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Bessye L Strobel

6. DATE OF BIRTH (month, day, year) Oct 8th 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Christian H. Strobel

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Sophia (Unknown)

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Bessye L. Strobel

(Address) 5715 York Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Mar 20th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED , 19 Registrar

MAR 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1937, to March 17, 1937.

I last saw h~~im~~ alive on March 17, 1937. Death is said to have occurred on the date stated above, at 4.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3-12-37
Other contributory causes of importance:	
Carcinoma of bile ducts	unknown
Rheumatic heart disease	1915

Was an operation performed? No Date of —

For what disease or injury?

Name of operation Blood Chemistry

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L Clagett, Jr. M. D.

(Address) Union Memorial Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 33562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 33562

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 335 N. Cabert St., 4-1 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ... No Record

2. FULL NAME Wilhom Henry King

(a) Residence: No. 335 N. Cabert St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nella Binford King

6. DATE OF BIRTH (month, day, year) Jan. 29 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Davidsville, Md

FATHER

13. NAME Thomas King

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Martha ...

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records (Address) Welfare Dept. Balto. City

18. BURIAL, CREMATION, OR REMOVAL Pikesville Date 3/18/37

19. UNDERTAKER W. Lemain Cook (Address) 1217 E. Fayette St.

20. FILED MAR 18 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/16 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry)

to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cardio Vas. Renal Disease	
Coronary Thrombosis	

Other contributory causes of importance: ...

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Chas B. Pollard M. D.

(Address) 1031 St Paul St

Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 33563

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33563

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 Chilton St., 9-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie J Blondell

If U.S. Veteran specify WAR No Record

(a) Residence: No. 1817 Chilton St., ... Ward.

(Usual place of abode) 45yrs (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE Joseph E. Blondell

6. DATE OF BIRTH (month, day, year) 1866

7. AGE: Years about 71 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dressmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month, day, year) 3/12/37

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME John Floyd Unknown

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Lillian Sachs

(Address) 817 Chilton Street

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 3/19/37

19. UNDERTAKER William Cook

(Address) 121 St Paul Street

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1937 to Mar 16, 1937

I last saw h alive on Mar 16, 1937 Death is said to have occurred on the date stated above, at 9:40 P.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemmorhage — Duration of onset 36 hrs

Other contributory causes of importance:

arteriosclerosis & hypertension — 4 yrs

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John W Sanderson M. D.

(Address) 1714 N Caroline St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 19 1937

Dora M Smith

33564 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 33564

CERTIFICATE OF DEATH

6-5-46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 N. Bethel St. 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dora M Smith

(a) Residence: No. 417 N. Bethel St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	widow

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Dave Smith

6. DATE OF BIRTH (month, day, year) ? 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic 70

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Deals Island Md

FATHER

13. NAME Wm Tyler

14. BIRTHPLACE (city or town) (State or country) Deals Island Md

MOTHER

15. MAIDEN NAME Julia Milbourne

16. BIRTHPLACE (city or town) (State or country) Deals Island Md

17. INFORMANT Mrs Alice Selby

(Address) 417 N. Bethel St

18. BURIAL, CREMATION, OR REMOVAL

Place Newark, Del Date March 19 1937

19. UNDERTAKER Robert E Williams

(Address) 1618 Eutaw St

20. FILED ..... 19 ..... Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/15 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/27 1937 to 3/15 1937

I last saw her alive on 3/14 1937 Death is said to have occurred on the date stated above, at 3-15 m.p.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	7-36?

Other contributory causes of importance:

Was an operation performed? NO Date of .....

For what disease or injury? .....

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Hayes Thomas M. D.

(Address) 1500 E. Madison St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33565

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33565

CERTIFICATE OF DEATH

82-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1024 S. Paca St. 21-1 Ward)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Richard H. Allen

(a) Residence: No. 1024 S. Paca St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ada Allen

6. DATE OF BIRTH (month, day, year) Mar 22, 1868.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	11	22 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Press hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tin mill

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Richmond, Va.

FATHER

13. NAME Richard Allen

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs Ada Allen
(Address) # 1024 S. Paca Street

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 3/ 18/ 1937

19. UNDERTAKER John J. Cowan & Son
(Address) # 901 Hollins St.

20. FILED MAR 19 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 / 16 / 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 13 1937 to Mar 16 1937

I last saw h[illegible] alive on Mar 14 1937. Death is said to have occurred on the date stated above, at 11.08 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	3/13/37
Other contributory causes of importance:	
Arteriosclerosis	Years

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

AR 19 1937

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

33566

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33566

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyderhan Hospital St. 18-2 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 8 mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Richard Johnson, Jr.

If U. S. Veteran specify WAR .....

(a) Residence: No. 1033- W. Saratoga St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 3, 1936.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	8 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Richard Johnson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Marion Johnson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Marion Johnson

(Address) 1033 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 3/18/37. 19

19. UNDERTAKER Chas Stouffer

(Address) 514 N. Calhoun St.

20. FILED ..... 19 ..... [illegible]

MAR 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 10, 1937 to Mar. 14, 1937

I last saw h.i.m alive on Mar. 14, 1937 Death is said to have occurred on the date stated above, at 1:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	3/14/37
Tuberculous Meningitis	3/6/37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Sidney Salmon M. D.

(Address) Lyderhan Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33567

M. F. W. 1248-2

F 33567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 626 W. Barre St. St. 22-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John McLurkin (McLurkin) If U. S. Veteran specify WAR

(a) Residence: No. 626 W. Barre St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma McLurkin

6. DATE OF BIRTH (month, day, year) April 10, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59	60	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Andrew McLurkin

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Emma McLurkin

(Address) 626 W. Berre St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 3/18 1937

19. UNDERTAKER Isaiah L Brown

(Address) 108 W Monroe St

20. FILED MAR 18 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1937 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignancy of Lungs (Probably Carcinoma)	
Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Coroner . M. D.

(Address) 2757 W Pratt

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s e

Spec.—D 30—A. & Co.—250 Blks.

F 33568 **HEALTH DEPARTMENT—CITY OF BALTIMORE** V 59 F 33568

CERTIFICATE OF DEATH.

REGISTERED No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 414 N. Linwood ave ST. 6-1 WARD)

2. FULL NAME Charles Neubert Sr.

(a) RESIDENCE No. 414 N. Linwood ave ST. ____ WARD ____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M.	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Neubert.

6 DATE OF BIRTH (month, day, and year) Oct 1, 1866

7 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
70	5	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Oyster Packer
(b) General nature of industry, business, or establishment in which employed (or employer) Business
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Andrew Neubert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs. Charles Neubert 414 N Linwood ave

15 Filed MAR 18 1937 Clayton Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 15 1937

17
I HEREBY CERTIFY, That I attended deceased from Jan 23, 1934, to Mar 15, 1937
that I last saw him alive on Mar 14, 1937
and that death occurred, on the date stated above, at 9 A. m.
The CAUSE OF DEATH* was as follows:

Coronary thrombosis

(duration) ____ yrs. 8 mos. ____ ds.

CONTRIBUTORY (Secondary) Diabetes mellitus

(duration) 4 yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? -
Did an operation precede death? No Date of -
Was there an autopsy? No
What test confirmed diagnosis? Electro cardiogram

(Signed) Alan Bernstein M. D.
. 19 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Mar 18, 1937

20 UNDERTAKER John A. Doran — ADDRESS 3000 E Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33569

CERTIFICATE OF DEATH

159 F 33569

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital 19-F Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Sharman

If U.S. Veteran specify WAR ....

(a) Residence: No. 1637 W. Fayette St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 16 1937

7. AGE Years	Months	Days	If LESS than 1 day Hrs. Min.
			8 hrs. 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Baltimore, Md

FATHER

13. NAME Wm. L. Sharman

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Dorothy Coyle

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Sharman
(Address) 1637 W. Fayette

18. BURIAL, CREMATION, OR REMOVAL Loretto Cem Date 3/18/37

19. UNDERTAKER Eug. A. Furey
(Address) Fulton & Lafayette

20. FILED MAR 18 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/17 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/16 1937 to 3/17 1937.

I last saw him alive on 3/17 1937. Death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature (6 month)	3/16/37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) D.M. Dixon M.D. M. D.

(Address) Bon Secours Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 33570 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 117-B F 33570

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hos. (St.) (Ward) 27-18

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nina Belle Warfield. If U. S. Veteran specify WAR .....

(a) Residence: No. 4834 Park Heights Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 26, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	4	18 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stewart & Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fredk. Md.

FATHER

13. NAME Jas. R. Warfield.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary C. Welty.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Miss Fanny Warfield.
(Address) 4834 Park Hts. Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Fredk. Md. Date Mar. 19 1937

19. UNDERTAKER Wm. J. Dekyer Sons
(Address) North & Paines.

20. [illegible] Huntington Williams, M.D. Registrar.

MAR 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Hemorrhage	
	over

Other contributory causes of importance:
—

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1919 E. North Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 0

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33571

CERTIFICATE OF DEATH

92-F 33571

Registered No. 27-109

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 McCabe Ave. St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles R. Megee

(a) Residence: No. 601 McCabe Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella V. Megee

6. DATE OF BIRTH (month, day, year) June 6, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Delaware

FATHER

13. NAME Thomas Megee

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Sarah Morgan

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Myrtle Brauer
(Address) 601 McCabe Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date March 19, 1937

19. UNDERTAKER Wm. J. Dickinson & Sons
(Address) North & Paca Sts.

FILED MAR 13 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1937.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1937 to March 16, 1937

I last saw him alive on March 14 1937 Death is said to have occurred on the date stated above, at 4:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1936
Senility	
Other contributory causes of importance: Chronic Myocarditis	1936

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H. A. Atkinson M. D.

(Address) 900 E. Lanvale

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

326046

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33572

CERTIFICATE OF DEATH

E-B 33572

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 95-B Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas B Yarbrough

If U. S. Veteran specify WAR .....

(a) Residence: No. 47 Valley Ridge Rd St., ... Ward. Fort Worth Texas

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vivian

6. DATE OF BIRTH (month, day, year) 6-4-73

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME Thomas Yarbrough

14. BIRTHPLACE (city or town) (State or country) La.

MOTHER

15. MAIDEN NAME Sallie Wagner

16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Fort Worth Texas Date Mch. 19 1937

19. UNDERTAKER Mahy Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED ..... Registrar.

MAR 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1937 to March 17, 1937

I last saw h.im alive on March 17, 1937 Death is said to have occurred on the date stated above, at 11.15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart	
Disease	1935
Hypertensive Cardio-Vascular	
Disease	1930
Other contributory causes of importance:	
Arteriosclerosis, General	?
Furuncle, scalp	3-11-37

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Kenneth C. Blalock, M. D.

(Address) Johns Hopkins Hosp. Balto. Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33573 CERTIFICATE OF DEATH V137 F 33573

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4921 Park Heights Ave Ward) 27-18

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William V Schaffer

(a) Residence: No. 4921 Park Heights Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel Stewart

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Rev Wm R. G. Irwin

(Address) Richmond Va

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mch 19, 1937

19. UNDERTAKER John O Mitchell & Sons

(Address) 400 Eutaw Place

Huntington Williams MD

MAR 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9 March 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mch 1, 1937, to Mch 17, 1937.

I last saw h alive on Mch 16, 1937. Death is said to have occurred on the date stated above, about A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Unknown
Senility, Pyelitis, Cystitis & Prostatic hypertrophy	Unknown

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. B. Ensor M. D.

(Address) 4936 PARK HGTS. AVE

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33574

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33574

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital V 108 Registered No. ...

CITY OF BALTIMORE: (No. ... St., ... Ward) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha Kelly

(a) Residence: No. White Hall, Md St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas L. Kelley

6. DATE OF BIRTH (month, day, year) June 5, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Floyd Co Va

FATHER

13. NAME Samuel Veach

14. BIRTHPLACE (city or town) (State or country) Floyd Co Va

MOTHER

15. MAIDEN NAME Polly Veach

16. BIRTHPLACE (city or town) (State or country) Floyd Co Va

17. INFORMANT Mrs Martha Kelley York, Pa

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Ronaldsburg Pa Date May 19 1937

19. UNDERTAKER P. Markle & Son White Hall Md

(Address)

20. FILED Huntington Williams, M.D.

MAR 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-18-37 19

22. I HEREBY CERTIFY, That I attended deceased from 3-16-37, 19 ... to 3-18-37, 19 ...

I last saw h alive on 3-18-37, 19 ... Death is said to have occurred on the date stated above, at 7:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-14-37

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. J. McCormick M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

33575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

33575

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 Division St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR ...

2. FULL NAME Deborah Ann Chamberlain

(a) Residence: No. 127 Division St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C.	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 13, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Deborah Ann Chamberlain

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Fortune Flowers

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Fortune Flowers (Address) 127 Division St.

18. BURIAL, CREMATION, OR REMOVAL Place Arbutus Cem. Date Mar 18 1937

19. UNDERTAKER Floyd Wilson (Address) 1000 Frankford Ave Baltimore, Md.

20. FILED MAR 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/14/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 19 37 to Mar 14, 19 37. Death is said to have occurred on the date stated above, at 7:13 A.M.

I last saw her alive on 3/14/37

The principal cause of death and related causes of importance were as follows:

Tuberculosis Peritonitis — Onset

Other contributory causes of importance: Tuberculosis of the Liver

Was an operation performed? — Date of

For what disease or injury?

What test confirmed diagnosis? Clinical — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, what?

(Signed) F. [illegible] M. D.

(Address) 427 Mosher

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33576

CERTIFICATE OF DEATH

95-F 33576

1. PLACE OF DEATH Hebrew Home for Aged & Infirm Registration No.

CITY OF BALTIMORE: (No. Belvedere & Greenspring Aves. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lena Sulsky

(a) Residence: No. Levindale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Hyman

6. DATE OF BIRTH (month, day, year): 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: Mat Jewels

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Sara Hecht

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Louis Sulsky. (Address) 2515 Liberty Heights Ave

18. BURIAL, CREMATION, OR REMOVAL: Hebrew Washington Blvd Date: Mar 18 1937

19. UNDERTAKER: Sol Levinson & Bro

(Address) 7 E. Saratoga St

21. DEATH: MAR 18 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-13, 1935 to 3-18, 1937

I last saw her alive on 3-17, 1937. Death is said to have occurred on the date stated above, at 7.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-15-37
Chr card. valvular disease.	
arterio sclerosis.	

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H Edmund Levin, M. D.

(Address) Levindale

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33577

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33577

CERTIFICATE OF DEATH

21486 V/31

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Blackstone

If U. S. Veteran specify WAR

(a) Residence: No. 1222 Pennsylvania Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Sep.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances (Sep)

6. DATE OF BIRTH (month, day, year) 6-20-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	8	5 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Repairing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Robert Blackstone

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Steward

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 3-18 - 1937

19. UNDERTAKER J. J. Zabert Sons
(Address) 1318 Light St

20. FILED 1937 Registrar.

R 3-9 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-28 1937 to 3-5 1937

I last saw h. l. M. alive on 3-5 1937 Death is said to have occurred on the date stated above, at 7.20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular Renal Disease,	3 mos
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Chas. L. Ramey M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33578

F 33578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Ambassador Apartments, 12-1 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. 3 ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Blaine Reese.

(a) Residence: No. Ducktown, Tenn. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, XXXXXXXXXX HUSBAND of XXXXXXXX Julia Reese.

6. DATE OF BIRTH (month, day, year) August 25, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanical Engineer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME [Sherman] Herman Reese.

14. BIRTHPLACE (city or town) (State or country) Kentucky.

MOTHER

15. MAIDEN NAME Augusta Burnette.

16. BIRTHPLACE (city or town) (State or country) North Carolina.

17. INFORMANT James L. Reese. (brother)
(Address) Ambassador Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Ducktown Tenn. Date 3/19/37 19

19. UNDERTAKER John Parker & Sons
(Address) 131 E. Lytle St

MAR 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Chas. E. Reinhardt M. D.
Coroner

3/18/37 Address 1017 S. Charles St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 33579 F 33579

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals 17-1 Ward)

Length of residence in city or town where Hollie yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Veronica Johnson

(a) Residence: No. 554 St. Mary's St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Howard

6. DATE OF BIRTH (month, day, year): May 30 1896

7. AGE: Years 40 | Months 9 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none 0027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Joseph ~~Johnson~~ Hollie

14. BIRTHPLACE (city or town) (State or country): St Mary's Co. Md.

MOTHER

15. MAIDEN NAME: Nora Cole

16. BIRTHPLACE (city or town) (State or country): Charles Co Md.

17. INFORMANT: Howard Johnson

(Address) 554 St Mary's St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mon Cathedral Date Mar. 19 1937

19. UNDERTAKER: Mrs Katie R Williams

(Address) 322 N Schroeder St

20. FILED MAR 13 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said [illegible] find that said deceased came (Inquest, Autopsy or Inquiry) to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset .....

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) 1010 S. Elwood Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33580

F 33580

CERTIFICATE OF DEATH.

REGISTERED NO. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) RESIDENCE. NO. 2905 Thorndale Ave ST. 27-17 WARD

2-FULL NAME James T. Johnson

(a) RESIDENCE. NO. 2905 Thorndale Ave ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 31 - 1845

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
92	1	16 15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Cockeysville Md

PARENTS

10 NAME OF FATHER Benjamin Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cockeysville Md

12 MAIDEN NAME OF MOTHER Lena Hanson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cockeysville Md

14 Informant Lorenzo Johnson

(Address) 2900 Thorndale Ave.

15 Filed MAR 18 1937 16 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16 1937

17 I HEREBY CERTIFY, That I attended deceased from March 15, 1937, to March 16, 1937.

that I last saw him alive on March 16, 1937.

and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) John D. Gilbert M. D.

, 19 (Address) 4803 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cockeysville Md

DATE OF BURIAL: 3/19 1937

20 UNDERTAKER: Charles P. Towell

ADDRESS: 2421 Edmondson Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

✓ F 33581

33581

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Eutaw Place & Brooks Lane

CITY OF BALTIMORE: (No. Esplanade Apts. St., 13-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Max Weiler

(a) Residence: No. Esplanade Apts. St., Ward. ~~Virginia~~

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Weiler

6. DATE OF BIRTH (month, day, year) Mch. 2, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ---------- Weiler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. J. Weiler.

(Address) Slade Ave.

18. BURIAL, ~~CREMATION~~, OR REMOVAL

Place Baltimore Hebrew Date Mch. 19, 1937

19. UNDERTAKER David Sondheim & Son

(Address) 1902 Eutaw Place

20. FILED MAR 19 1937 ~~Eutaw Funeral Home~~ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1937, to March 17, 1937

I last saw h~~im~~ alive on March 17, 1937. Death is said to have occurred on the date stated above, at 7.20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3/17/37
Other contributory causes of importance:	
Senile arteriosclerosis	1923
& Coronary sclerosis	1935

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. S. Mayer M. D.

(Address) Esplanade Apts.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

33582

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33582

CERTIFICATE OF DEATH

72-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3924 Norfolk Ave St., 45-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth 45 yrs. mos. da.

2. FULL NAME Isaac Cohen

If U. S. Veteran specify WAR

(a) Residence: No. 3924 Norfolk Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora

6. DATE OF BIRTH (month, day, year) 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT wife

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Herring Run Date 3/18 1937

19. UNDERTAKER Jack Lewis Inc

(Address) 1429 E. Baltimore St.

20. [illegible] E. Livingston Wilhelm M.D.
Registrar.

MAR 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/17 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1935 19 to March 17 1937

I last saw him alive on March 17 1937. Death is said to have occurred on the date stated above, at 10 20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Leukemia (Aleuk Myelogenous)	2 yrs ago.
Other contributory causes of importance: Arterio Sclerosis Hypertension - Pulmonary Oedema	2 hrs.

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Michael A. Abrams M. D.

(Address) 360 Eutaw Place.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33583

33583 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

937

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 13-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 26 yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Spettner

If U. S. Veteran specify WAR .....

(a) Residence: No. 2028 Brookfield Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 20 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	—	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Spettner

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Rose Rubin (daughter)
(Address) 2028 Brookfield ave

18. BURIAL, CREMATION, OR REMOVAL
Place Dearfield Cem. Date 3/18/37

19. UNDERTAKER Jos. F. Lewis Inc.
(Address) 1432 E. Balto St.

R 18 1937 Huntington Williams Registrar.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 15, 1937 to Mar. 17 1937

I last saw h... alive on Mar. 17 1937. Death is said to have occurred on the date stated above, at 7 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	3-13-37
Other contributory causes of importance:	
Auricular fibrillation	4 yrs ago

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Reid Lafeal Burns M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33584

33584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3512 Linden ave St., 28-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Verna Shapiro

If U.S. Veteran specify WAR .....

(a) Residence: No. 3512 Linden ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6. DATE OF BIRTH (month, day, year): 1921

7. AGE: Years: 16 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Good

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Emanuel Shapiro

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Anna Handelman

16. BIRTHPLACE (city or town) (State or country): South Carolina

17. INFORMANT: Emanuel Shapiro

(Address) 3512 Linden ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Hebrew Nat. Cemet Date: 3/19, 1937

19. UNDERTAKER: Rock Levin Sons

(Address) 1439 E. Balto St

20. FILED: MAR 18 1937 Huntington Williams, Registrar. H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/18, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1937 to March 18, 1937

I last saw h.e alive on March 18, 1937 Death is said to have occurred on the date stated above, at 1356 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	March 4/37
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Joseph Zeller, M. D.

(Address) 207-8 National Bank Bldg

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33585

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33585

CERTIFICATE OF DEATH

107-a 21577

12-7

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac Ensor

If U. S. Veteran specify WAR

(a) Residence: No. 2715 Bernard St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of MAGGIE D. ENSOR

6. DATE OF BIRTH (month, day, year) 3/27/~~1856~~ 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?STATIONARY

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc FIREMAN

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Isaac

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Jennie Naylor

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Balto Co Date March 19, 1937

19. UNDERTAKER Chenoweth Son

(Address) 3615-17 Elmhurst Ave

20. FILED MAR 19 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16 1937

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1937, to March 16, 1937

I last saw him alive on March 16, 1937. Death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-13-37
Other contributory causes of importance:	
Arteriosclerosis	unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. C. de Santelis, M. D.

(Address) Baltimore City Hosp.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 33586

F 33586 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 W 37th St St. 13-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Anne C. Gardner

If U. S. Veteran specify WAR

(a) Residence: No. 1103 W 37th St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Gardner

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Annie F. Gardner

(Address) 1103 W 37th St

18. BURIAL, CREMATION, OR REMOVAL

Laurel Lodge Date March 19 1937

19. UNDERTAKER E. Brown & Son.

(Address) 3615-17 Eastern Ave

19 1937

Huntington Williams Reg. M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	?
Other contributory causes of importance	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Edward Diggs Coroner, M. D.

(Address) Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

F 33587

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33587

CERTIFICATE OF DEATH 21828 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts St. 12-6 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1919 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Hattie Hazelwood

(a) Residence: No. 2817 Remington Ave., St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 9-7-1917

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child's Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Samuel Hazelwood

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Rosa Stokes

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records of Balto. City Hospts
(Address)

18. BURIAL, CREMATION, OR REMOVAL Huckstep's Date 3-19 1937

19. UNDERTAKER Bernard P. Hensley
(Address) 518 Lenox Ave

20. FILED ..... 19..... Registrar

AR 19 1937

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 3-15, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1937, to March 15, 1937

I last saw her alive on March 15, 1937. Death is said to have occurred on the date stated above, at 4:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Dec 1936

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Jas. Lantelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 33588

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33588 ✓

21692

95-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 20-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1911 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Allen C. Tucker

(a) Residence: No. 2136 Hollins St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosetta F.

6. DATE OF BIRTH (month, day, year) 2/27/1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	~~11~~	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wood Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mill

10. Date deceased last worked at this occupation (month, day, year) 1936

11. Total time (years) spent in this occupation 3 yrs.

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Gustavius Tucker

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Wheeler

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date Mar 20 1937

19. UNDERTAKER Easton Sons
(Address) Edmondson Ave.

20. FILED Mar 18 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1937 to March 16, 1937

I last saw him alive on March 16, 1937. Death is said to have occurred on the date stated above, at 8:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular disease	1936

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wade Scantlebury M. D.

(Address) Baltimore City Hospitals

STATE CAUSES OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

33589 F 33589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital (Ward) 18-1

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alice Gertrude Turner

If U.S. Veteran specify WAR .....

(a) Residence: No. 825 N. Schroeder St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank L. Turner

6. DATE OF BIRTH (month, day, year) Feb. 22, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	—	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (city or town) (State or country) Lunenburg Co Va

FATHER

13. NAME Monroe McDevitt
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Nash.
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Frank L. Turner
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 3/20/37

19. UNDERTAKER Wm J. Jackson & Son
(Address) Mt Pleasant

[illegible] 18 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 15, 1937, to Mar. 17, 1937
I last saw her alive on Mar 17, 1937. Death is said to have occurred on the date stated above, at 7¼ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	?
Diabetic coma	3-5-37

Other contributory causes of importance:
none

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical & laboratory Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) James D. Carr, M. D.

(Address) 515 Mosher St

OCCUPATION is very important. See instructions on back of certificate.

F 33590

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33590

122-a

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Hazlett

(a) Residence: No. 3621 Ellwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Hazlett.

6. DATE OF BIRTH (month, day, year) Dec 11 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farmer.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME James Hazlett.

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Ellen Gately.

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Mrs Wm Blaney (Address) 3621 Elwood Ave City.

18. BURIAL, CREMATION, OR REMOVAL Place Cooptown Md Date Mar 20, 1937

19. UNDERTAKER Hyland P Hankins (Address) Delta Pa.

20. FILED MAR 25 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/18/1937

22. I HEREBY CERTIFY, That I attended deceased from 3-5-1937 to 3-18-1937

I last saw him alive on 3-15-1937 Death is said to have occurred on the date stated above, at 12:10 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophied Prostate.	
cystitis, Inguinal	
Hernia, Ureamia	
coma	

Other contributory causes of importance:

myocardial failure.	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Dr. J. T. Williams M. D.

(Address) Md. General Hospital

Va-0882

OCCUPATION is very important. See instructions on back of certificate.

33591

F 33591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 S Gilmor St., 19-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. If of foreign birth 79 yrs. mos. ds.

2. FULL NAME Margaret Gunther

If U. S. Veteran specify WAR

(a) Residence: No. 100 S Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race W

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Wm Gunther

6. DATE OF BIRTH (month, day, year) May 1 1857

7. AGE: Years 79 | Months 10 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Jas Carney

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine Mallonly

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wm Gunther
(Address) 100 S Gilmor

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date 3/19 37

19. UNDERTAKER George A Tidy
(Address) Fulton & Fayette

20. FILED 19 Registrar

MAR 18 1937

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/10, 1937 to 3/16, 1937

I last saw her alive on 3/16, 1937 Death is said to have occurred on the date stated above, at 7 1/2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Acute	2/14/37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M Shanahan M. D.

(Address) 1975 W. Baltimore

OCCUPATION is very important. See instructions on back of certificate.

F 33592

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33592

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2728 Georgetown Rd St. 25-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME M. Bernadette Blackert

If U. S. Veteran specify WAR

(a) Residence: No. 2728 Georgetown Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 7-1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	—	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph F. Blackert

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Catherine Loeffelholz

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Joseph F. Blackert
(Address) 2728 Georgetown Road.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date March 19 1937

19. UNDERTAKER George L. Lofmark
(Address) 2121 Eutaw Pl.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1937 to March 16, 1937

I last saw h[illegible] alive on March 16, 1937 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of about
Lobar Pneumonia.	
Endocarditis	

Other contributory causes of importance: Pulmonary Edema

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert C. Peters M. D.

(Address) 2151 W. Lafayette Ave

OCCUPATION is very important. See instructions on back of certificate.

MAR 15 1937

H

F 33593 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33593

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1907-McDonough Street St. 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Kaufman

If U. S. Veteran specify WAR No

(a) Residence: No. 1907-McDonough Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Kaufman

6. DATE OF BIRTH (month, day, year) 9/12/1875

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
61	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Wm. Henry Lysher

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Emma ?

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Wm. H. Nickel

(Address) 2640-E. Oliver Street

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 3/20/37 19

19. UNDERTAKER George J. Roth, Inc.

(Address) 1735-Harford Ave.

20. FILED 19 Registrar.

MAR 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch-16- 1937

22. I HEREBY CERTIFY, That I attended deceased from Mch-14 1937 to Mch 16- 1937

I last saw her alive on Mch 16 1937 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/14/37
Other contributory causes of importance: Edema of Lungs	3/16/37

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Gill Hall M. D.

(Address) 1631 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

F 33594

F 33594 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Grammer

If U.S. Veteran specify WAR ...

(a) Residence: No. Bay Shore Car Line, Sparrows Point Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 16 - 1937

7. AGE Years	Months	Days	If LESS than 1 day, 6 hrs. or ... min.
6 hrs	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Church Home Baltimore, Md.

FATHER

13. NAME George C. Grammer

14. BIRTHPLACE (city or town) (State or country) Hagerstown Maryland

MOTHER

15. MAIDEN NAME Isabelle Ringling

16. BIRTHPLACE (city or town) (State or country) Sparrows Point Maryland

17. INFORMANT mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS MEDICAL SCHOOL Date MAR 18 1937 19...

Place

19. UNDERTAKER Commissioner of Health

(Address) For H. A. Moore

Huntington Williams, Md.

R 18 1937

3083 11

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11:41 am March 16 1937 to 6:10 pm March 3 1937

I last saw her alive on March 16 1937 Death is said to have occurred on the date stated above, at 6:10 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (7 mo.)	
Other contributory causes of importance:	

Was an operation performed? none Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Jerome Mark, M. D.

(Address) Church Home & Infirmary

33595

✓ F 33595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) So. Balto Gen. Hosp St. 25-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Langridge

If U.S. Veteran specify WAR .....

(a) Residence: No. So. Balto Gen. Hosp St., 2306 Bushawn Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-17-37

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Norman W. Langridge

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Bertie Elizabeth Basle

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 18 1937, 19

19. UNDERTAKER Commissioner of Health

(Address) For H. A. Hogue

20. FILED MAR 18 1937 Lexington Williamson, M.D.

3084 77

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-17, 1937 to 3-18, 1937

I last saw him alive on 3-18, 1937 Death is said to have occurred on the date stated above, at 12.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis J. Kroll, M. D.

(Address) South Balto. Gen. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 33596

F 33596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 Poplar Grove St., 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Rambo.

(a) Residence: No. 1509 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Rambo,

6. DATE OF BIRTH (month, day, year) October 31.1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	4	17 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter B & O R.R

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 1915

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 32 yrs

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME James Rambo.

14. BIRTHPLACE (city or town) (State or country) Unknown Penna,

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Rose Rambo,

(Address) 1509 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date MAR 20 1937

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave.

MAR 18 1937 Huntington Williams, M

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 17 1937

22. I HEREBY CERTIFY, That I attended deceased from June 14 1937 to March 17 1937

I last saw h alive on March 17 1937 Death is said to have occurred on the date stated above, at 7 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Con	
Pulmonary	2 mo
Due to enlarged	over
Prostate	
Other contributory causes of importance: Enlarged Prostate	3 yr.

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John A Evans, M. D.

(Address) 612 N 40 St

F 33597

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33597

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 8-36 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth Yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Charles Brohmeyer

(a) Residence: No. 2230 E. North Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Brohmeyer

6. DATE OF BIRTH (month, day, year) June 1st 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brew Master

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brewery 0086

10. Date deceased last worked at this occupation (month and year) June 1933

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Unknown Germany

FATHER

13. NAME Carl Brohmeyer

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Mrs. Louise Brohmeyer

(Address) 2230 E. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Rockwood Cemetery Date March 19, 37

19. UNDERTAKER Sagan & Funeral Home

(Address) 7401 Belair Road

[illegible] Baltimore, Md.

18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1937 to March 17, 1937

I last saw him alive on March 17, 1937 Death is said to have occurred on the date stated above, at 5-50 m. AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Block	?
Arteriosclerosis	?
Chronic Myocarditis	?
Other contributory causes of importance:	
Diabetes Mellitus	?

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) Frank R. Stephenson M. D.

(Address) St. Joseph's Hosp.

OCCUPATIONS is very important. See instructions on back of certificate.

✓ F 33598

33598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9424

1. PLACE OF DEATH

Registered No. 27-1

CITY OF BALTIMORE: (No. 4202 Diller Ave. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George H. Smith

(a) Residence: No. 4202 Diller Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary E. Smith

6. DATE OF BIRTH (month, day, year) April 21, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Structural 0079 worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel

10. Date deceased last worked at this occupation (month and year) Mar. 11, 1937

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Baltimore City, Md.

FATHER

13. NAME William E. Smith

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Louise Davis

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. Harry E. Smith,
(Address) 4202 Diller Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Mar. 20 19 37

19. UNDERTAKER Fredk Lassahn Home
(Address) 7401 Belair Road

20. FILED MAR 18 1937 Registrar. Huntington Williams M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 17th 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1 1937 to March 17 1937

I last saw h. alive on March 17 1937 Death is said to have occurred on the date stated above, at 9:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Occlusion	2/1/37

Other contributory causes of importance:

Cardiac Spasm	
Acute Nephritis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Wm A Anderson M. D.

(Address) 3001 Eastern Ave

33599
325691

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33599

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5/ yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Agnes Boardley

If U. S. Veteran specify WAR .....

(a) Residence: No. 1427 Mulliken St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/23/98

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Green

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peters Date 3/19/37 19

19. UNDERTAKER Mrs. George F. Holland
(Address) 163 E. Lanvale St

20. FILED ..... 19 ..... Registrar.

VS 3
MAR 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1937 to March 16, 1937

I last saw h.e.r. alive on March 16, 1937. Death is said to have occurred on the date stated above, at 8:13 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aplastic anemia	
Other contributory causes of importance:	
Bronchopneumonia	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Palmer Howard Fitch M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 33600

F 33600 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. U.S. Marine Hospital, Baltimore, Md. 4 St., Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Winfield S. Dampman, Jr.

If U. S. Veteran specify WAR

(a) Residence: No. 104 E. 20th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 30, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 3rd Officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 3-9-37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Winfield S. Dampman, Sr.

14. BIRTHPLACE (city or town) Harford Co.
(State or country) Md.

MOTHER

15. MAIDEN NAME Sally Belles

16. BIRTHPLACE (city or town) Govanstown
(State or country) Md.

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's, Hampden Date March 19, 1937

19. UNDERTAKER E. Leroy Stoffler, Inc.
(Address) 1258 N. Howard Ave.

20. FILED MAR 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1937, to March 16, 1937

I last saw him alive on March 16, 1937. Death is said to have occurred on the date stated above, at 3:0 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	1 year
Acidosis, diabetic	Unknown
Pneumonia, bilateral, hypostatic	7 days

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) T. B. H. [illegible], M. D.
(Address) U.S. Marine Hospital, Balto.

OCCUPATION is very important. See instructions on back of certificate.

F 33601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 33601 — 18-3 — 94-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1035 Boyd St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR

2. FULL NAME John T. Brown
(a) Residence: No. 1035 Boyd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widow

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Catherine Brown

6. DATE OF BIRTH (month, day, year) June 4 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Indianapolis Ind.

FATHER
13. NAME Samuel Brown
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER
15. MAIDEN NAME ~~Baltimore~~ unknown
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Anna Carnes Daughter
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 3-19-37 19

19. UNDERTAKER Frederick A. Cole
(Address) 700 W. Lombard St

20. FILED MAR 19 1937 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 17 — 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above 12 5 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Contributory factors.	
Senility	

Other contributory causes of importance: —

Was an operation performed? — Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
(Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Thos H Phelps Coroner, M. D.
(Address) 1939 Eutaw Place

VS 6

F 33602

F 33602 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 158

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1424 Carrall St., 21-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME William A. Harley

(a) Residence: No. 1424 Carrall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb. 28 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — 0000
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Charles Harley
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER
15. MAIDEN NAME Annabelle Zirl
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Annabelle Adams
(Address) 1424 Carrall St.

18. BURIAL, CREMATION, OR REMOVAL
Place Int Olivet Date 3/19/37 19

19. UNDERTAKER Harry H. Writzke
(Address) 1701 Edmondson Ave

20. FILED 19 ... Registrar.

R 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 18. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquest and find that said deceased came
(Inquest, Autopsy or Inquiry)
to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mal. Nutrition	

Other contributory causes of importance:

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of Injury ...
Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Thos. W. Phillips M. D.
Coroner
(Address) 1439 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

F 33603

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33603

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5614 Benton Heights (Ward) 27-4

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard J. O'Rourke

If U. S. Veteran specify WAR

(a) Residence: No. 5614 Belton Heights, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth J. O'Rourke

6. DATE OF BIRTH (month, day, year) May 21-1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2088

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Patrick J. O'Rourke

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary A. Shanahan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Elizabeth J. O'Rourke

(Address) 5614 Benton Heights

18. BURIAL, CREMATION, OR REMOVAL Pikesville Cem. Date 3-10-37

19. UNDERTAKER Leonard J. Rush

(Address) 5616 Harford Rd

20. FILED ... 19... Registrar.

3-8-1937 Huntington Millcastle, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/6/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 . 1937 to Mar 7 . 1937

I last saw him alive on Mar 6 . 1937. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Pulmonary edema — Date of onset

Arterio Sclerosis

Other contributory causes of importance:

Hemiplegia and Cystitis

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas Smith M.D.

(Address) 4706 Harford Rd

OCCUPATION is very important. See instructions on back of certificate.

VS 3

33604 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 33604

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1521 Vine St St., 19-W 20)
Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Randall
If U.S Veteran specify WAR ...
(a) Residence: No. 1521 Vine St St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Randall

6. DATE OF BIRTH (month, day, year) Oct. 2, 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	5	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

FATHER
13. NAME Abraham Dorsey
14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md.

MOTHER
15. MAIDEN NAME Unkown
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Emma Simms
(Address) 1521 Vine St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 3/21/ 1937

19. UNDERTAKER Francis A. Wemsley
(Address) 578 W. Biddle St

MAR 19 1937 19 ... Registrar. M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/17, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-21, 1937 to 3-17, 1937
I last saw her alive on 3/15, 1937. Death is said to have occurred on the date stated above, at 5:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
chronic Myocarditis	?
Other contributory causes of importance:	
chr. Interstitial Nephritis	?
Arterio-sclerosis	?

Was an operation performed? NO Date of ...
For what disease or injury? ...
What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ...

(Signed) Wagner Thomas M.D.
(Address) 1500 E. Madison St

21868

F 33605

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33605

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 25-L Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Williams

If U. S. Veteran specify WAR

(a) Residence: No. 1938 Chesapeake Ave. Garfield St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie

6. DATE OF BIRTH (month, day, year): 4-17-1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): S. C.

FATHER

13. NAME: Ash

14. BIRTHPLACE (city or town) (State or country): S. C.

MOTHER

15. MAIDEN NAME: Margaret Tot

16. BIRTHPLACE (city or town) (State or country): S.C.

17. INFORMANT: B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Mt. Springs Mountain NC Date Mar 20 1937

19. UNDERTAKER: Robert A Elliott-daughter
(Address) 1129 Caroline St

20. FILED MAR 19 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 17 1937

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1937 to March 17, 1937

I last saw h[illegible] alive on March 17, 1937. Death is said to have occurred on the date stated above, at 7:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardiovascular disease	Jan 1931
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 33606

33606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

21119 ✓ 349-958

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leonard Brown

If U. S. Veteran specify WAR

(a) Residence: No. 1844 N. Spring St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married (Sep)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes

6. DATE OF BIRTH (month, day, year) 3-8-1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iceman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Brown

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Maggie Stephen

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hosp s.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date May 21. 1937

19. UNDERTAKER Mrs. Mitchell Elliott Daughter
(Address) 1129 Caroline St

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16. 1937

22. I HEREBY CERTIFY, That I attended deceased from February 15, 1937, to March 16, 1937

I last saw him alive on March 16 1937. Death is said to have occurred on the date stated above, at 9.40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-13-37
Other contributory causes of importance: Hypertensive Cardiovascular Disease	2-15-37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wade Sanville M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 33607

F 33607

HEALTH DEPARTMENT—CITY OF BALTIMORE

56

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1528 E. Biddle St., 8-7 Ward)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Paul Shaw

(a) Residence: No. 1528 E. Biddle St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb. 20, 1924

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
13		28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Lacy Shaw

14. BIRTHPLACE (city or town) (State or country) Fayetteville N.C.

MOTHER

15. MAIDEN NAME Maggie Maddox

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Maggie Shaw
(Address) 1528 E Biddle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Cem Date 3/21/37

19. UNDERTAKER Mrs. P. Elliott-Haughton
(Address) 1129 Caroline St.

19 1937 St. Eugene Milwaukee

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1937 to March 18, 1937
I last saw h alive on March 18, 1937 Death is said to have occurred on the date stated above, at 2:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3/8/37
Influenza	2/20/37
Date	
Other contributory causes of importance: Acute Rheumatic Fever	1/4/37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Albert R. Faust M. D.

(Address) 522 N. Bond St.

M. D. B. 1268-9

F 33608

33608 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers of Amer. Hospital Ward) 4 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Mansperger

(a) Residence: No. 8114 Harford Road St., ... Ward. Balto Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Oct. 26th. 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Adolph Mansperger

14. BIRTHPLACE (city or town) Unknown (State or country) Germany

MOTHER

15. MAIDEN NAME Rosina Weber

16. BIRTHPLACE (city or town) Unknown (State or country) Germany

17. INFORMANT Jacob G. Mansperger

(Address) 8114 Harford Road

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Date March 20th. 37

Frederick Funeral Home

19. UNDERTAKER

(Address) 7401 Belair Road

Filed ... 19 ... Registrar.

MAR 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18th. 1937

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

Inquiry

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) ... Cause

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 33609

33609 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1421 Mc Culloh Street. St. 14-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henrietta Bell.

(a) Residence: No. 1421 Mc Culloh Street. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C.	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John T. Bell

6. DATE OF BIRTH (month, day, year) May 10, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	10	5 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Robert Brooks

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Elenora Bailey

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Irene Duprey

(Address) 1421 Mc Culloh St

18. BURIAL, CREMATION, OR REMOVAL

Place Cabutus Cem Date 3/20 1937

19. UNDERTAKER Mrs. Frances A Hemeley

(Address) 518 W. Biddle St

19 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16 1937.

22. I HEREBY CERTIFY, That I attended deceased from March 1 1937, 19... to March 16 1937, 19...

I last saw her alive on March 15 1937, 19... Death is said to have occurred on the date stated above, at 8.45 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	3/15/37
Chronic Myocarditis	1934
Chronic Mitral Regurgitation	1934

Other contributory causes of importance:

Influenza	3/1/37

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? NO.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Chas. T. Clarke M. D.

(Address) 3013 Saint Paul Street.

OCCUPATION is very important. See instructions on back of certificate.

F 33610

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33610

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2511 Garret Ave St., 9-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Elizabeth Eklund

If U.S. Veteran specify WAR .....

(a) Residence: No. 2511 Garrett Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Albert Eklund

6. DATE OF BIRTH (month, day, year) Dec.10-1879

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
56Yrs.	5Mo.	8Days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home. 00 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles T. Wright

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Mr. Albert Eklund
(Address) 2511 Garret Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cemy Date March 22 1937

19. UNDERTAKER Henry Tyler Lee, Jr.
(Address) 1301 E. Baltimore St.

MAR 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March-18-1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1937 to Mar 18, 37

I last saw her alive on Mar 17 1937 Death is said to have occurred on the date stated above, at 7.35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myo-endo-carditis	Tuesday

Other contributory causes of importance:

Was an operation performed? none Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. B. Sybert

(Address) 2802 Harford Ave

OCCUPATION is very important. See instructions on back of certificate.

F 33611

F 33611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

1. PLACE OF DEATH Found floating off

CITY OF BALTIMORE: (No. Pier 7 Locust Point St. 24-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ---mos. ---ds. How long in U. S. If of foreign birth 36 yrs. ---mos. ---ds.

If U. S. Veteran specify WAR

2. FULL NAME George Webster.

(a) Residence: No. 1456 Reynolds St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of (or XXXXXXXXXX) Mary Webster

6. DATE OF BIRTH (month, day, year) June 15, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work (as nurse, farmer, sawyer, bookkeeper, etc.) Stevedore.

9. Industry or business in which work was done (as silk mill, saw mill, bank, etc.)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Mary Webster. (wife)

(Address) 1456 Reynolds St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross a a Co Date March 20. 1937

19. UNDERTAKER Chas L Stevens

(Address) 501 S. Fort Ave.

20. FILED ... 19 ... Registrar.

R 19 1937 Arlington Athens, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Missing February 8, 1937 Found March 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning.	
Probably accidental fall from Pier.	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto E. Reinhardt, M. D.

3/18/37 (Address) 1017 S. Charles St. Coroner

OCCUPATION is very important. See instructions on back of certificate.

F 33612 ✓ F 33612

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 N. Linwood av St., 6-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William E. Black Sr.

If U. S. Veteran specify WAR

(a) Residence: No. 413 N. Linwood av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Black

6. DATE OF BIRTH (month, day, year) June 15, 1848

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
88	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk + Retd Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Black

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Dora Black
(Address) 517 N. East av

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Mar 20, 1937

19. UNDERTAKER John A. Moran
(Address) 2002 E. Baltimore St.

20. FILED MAR 19 1937 Clayton Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1937 to March 17, 1937

I last saw him alive on March 17, 1937 Death is said to have occurred on the date stated above, at 3:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolism	3/16/37
Myocarditis	10 yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Albert P. Edwards, M. D.

(Address) 2939 Eutaw Place

(OCCUPATION is very important. See instructions on back of certificate.)

F 33613

F 33613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 Linden Ave St., 11-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2½ ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carol Johnson

(a) Residence: No. 1015 Linden Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C.	S.

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 22, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2 2 mos.	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

FATHER

13. NAME Joseph Jones

14. BIRTHPLACE (city or town) Mars, S.C.
(State or country)

MOTHER

15. MAIDEN NAME Helen Johnson

16. BIRTHPLACE (city or town) Wash., DC.
(State or country)

17. INFORMANT Helen Johnson
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 3-19 1937

19. UNDERTAKER Jas. H. Skinner
(Address) 1100 Druid Hill Ave

FILED MAR 19 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/24/37, 19..., to 11/10, 1937

I last saw h... alive on 1/10/37, 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis	3/1/37
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify / .....

(Signed) H. Louis Jones M. D.

(Address) 1102 Druid Hill Ave

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

33614

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 F 33614

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 Gough St. St., 3-1 Ward)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Wladyslaw Andrzejewski

If U.S. Veteran specify WAR .....

(a) Residence: No. 1614 Gough St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen Andrzejewski

6. DATE OF BIRTH (month, day, year) May 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52 53	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Merchant 0045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Mateusz Andrzejewski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Ciachow

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Helen Andrzejewski
(Address) 1614 Gough St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date March 20, 37

19. UNDERTAKER Fred W. Ozazewski 20
(Address) 1930 Eastern Ave

20. FILED ..... 19 ..... Registrar.

MAR 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1937 to March 15, 1937
I last saw him alive on March 17, 1937. Death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Chr. Pulmonary Tuberculosis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Andrew Jaworowski M. D.

(Address) 2029 Eastern Ave.

OCCUPATION is very important. See instructions on back of certificate.

33615 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 33615

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 1-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Kelch

If U. S. Veteran specify WAR

(a) Residence: No. 2135 Cambridge St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 28 1927

7. AGE Years	Months	Days	If LESS than 1 day.... hrs. or min.
9	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William Kelch

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Rose Kulwicki

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Rose Kelch

(Address) 2135 Cambridge St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Mch. 22 1937

19. UNDERTAKER Fred W Ozgowski

(Address) 1930 Eastern Ave

[illegible] Clayton Williams M.D.

MAR 19 1937

V S 6

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18 , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3-18, 1937

Where did injury occur? 2107 Boston St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Fell from behind parked car

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert Gurley Gutt, M. D.
Coroner

(Address) 111 E. Lafayette

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33616 33616

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 27 Ward) 204-M

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. 11 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lydia M. Jessnitzer

(a) Residence: No. 3115 Clearview Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry A. W. Jessnitzer

6. DATE OF BIRTH (month, day, year) March 25, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

FATHER

13. NAME August Moritz

14. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

MOTHER

15. MAIDEN NAME Lydia Weigant

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Harry A. W. Jessnitzer

(Address) 3115 Clearview Ave.,

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Mar. 22, 1937

19. UNDERTAKER John J. Kenny

(Address) 715 Light St.

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Fractured Skull
Abrasions of body
(?)

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Quint Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/17, 1937

Where did injury occur? Harford Rd & Harvemdr. Balto Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Street

Manner of injury Struck by a street car

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carl Schreiber, M. D.
Coroner

(Address) 1918 E. North ave

33617

HEALTH DEPARTMENT—CITY OF BALTIMORE

33617

CERTIFICATE OF DEATH

122-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

Length of residence in city or town where death occurred 5 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Alexander Gray

If U. S. Veteran specify WAR .....

(a) Residence: No. 1725 W Mulberry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gladys Gray

6. DATE OF BIRTH (month, day, year) 5-8-1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year) 3-12-37

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles Gray

14. BIRTHPLACE (city or town) (State or country) Northumberland Co. Va.

MOTHER

15. MAIDEN NAME Lucy Richards

16. BIRTHPLACE (city or town) (State or country) Northumberland Co. Va.

17. INFORMANT Gladys Gray (W)

(Address) 1725 W Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Md Date 3/20/37 19

19. UNDERTAKER Charles Cooper

(Address) 514 Carlton St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1937 to March 16, 1937

I last saw h.. alive on March 16, 1937 Death is said to have occurred on the date stated above, at 6.25a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction	3-14-37
Constipation	6 days
Other contributory causes of importance:	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James D Carr M. D.

(Address) 515 Mosher St

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

33618 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 33618

21773 94-13

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 1-1 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Nordbrush

If U. S. Veteran specify WAR .....

(a) Residence: No. 2905 Hudson Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-16-1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Nordbrush

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eleanor ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place 1st Evangelical Date Mar. 22, 1937

Henry Sander & Son, Inc.

19. UNDERTAKER
Baltimore St. & Broadway

20. FILED ..... 19..... Registrar

MAR 19 1937 Washington Nordbrush, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1937, to March 19, 1937.

I last saw him alive on March 19, 1937. Death is said to have occurred on the date stated above, at 5:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	3-19-37
Other contributory causes of importance:	
Gout	unknown

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Grace Lantzke M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

F 33619

F 33619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-a

3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1933 Brunt ST. 14 WARD)

2-FULL NAME Ernestine Payne

(a) RESIDENCE NO. 1955 Brunt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years | Months: 9 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): —

12 MAIDEN NAME OF MOTHER: Jennie —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Celestine Allen 1933 Brunt St.

15 Filed 19 1937 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 14 — 1937

17 I HEREBY CERTIFY, That I attended deceased from March 9 — 1937, to March 14 — 1937

that I last saw h[illegible] alive on March 14 — 1937

and that death occurred, on the date stated above, at 12.30 A m.

The CAUSE OF DEATH* was as follows: Bronchial pneumonia

(Com)

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Xrays

(Signed) W. J. Coleman, M. D.

March 19, 1937 (Address) 2237 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: March 19 1937

20 UNDERTAKER: Archbold & Gladden

ADDRESS: 240 Conway St.

THIS is very important See instructions on back of certificates.

33620 F 33620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X ✓ 136-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital ? 4 9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth ? yrs. mos. ds.

2. FULL NAME Christian Fisher

If U.S. Veteran specify WAR

(a) Residence: No. Woodlawn, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Catherine Fisher

6. DATE OF BIRTH (month, day, year) Dec. 27- 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	18 ?0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Hugo Kelbel. (Adopted Son)
(Address) Woodlawn Md.

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cem Randallstown Date 3-20 37

19. UNDERTAKER Mrs Chas A. G. Rohde
(Address) 2327 Edmondson Ave

20. FILED Huntington Williams, M.D.

MAR 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 12, 1937 to March 17, 1937

I last saw him alive on March 17, 1937 Death is said to have occurred on the date stated above, at 2 05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Urethral Stricture c Urinary Retention Generalized Arteriosclerosis	? 2-7-37 ?
Other contributory causes of importance: Coronary Occlusion (?) Intestinal Obstruction	3-17-37 3-16-37

Was an operation performed? Yes Date of 3-12-37

For what disease or injury? Urethral Stricture

What test confirmed diagnosis? Operation & Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank R Stephenson M. D.

(Address) St Josephs Hosp.

F 33621

33621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

21732 51-C

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ~~Baltimore City Hospitals~~ St. 27-16 Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Gus Williams

(a) Residence: No. 5223 Denmore Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie Williams

6. DATE OF BIRTH (month, day, year) 11-17-1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~none~~ colored

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wash Williams

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Marie Fuler

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 3/19 1937

19. UNDERTAKER Saml. W. Chase & Son
(Address) 632 N. Gilmor

20. FILED ..... Registrar. Williams, M.D.

MAR 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-17 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-9 1937 to 3-17 1937

I last saw him alive on 3-17 1937 Death is said to have occurred on the date stated above, at 2.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	

Other contributory causes of importance:

Uremia & Anuria 2wks	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) Balt. City Hosp.

F 33622

33622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Abraham Garfield Trapp

If U.S. Veteran specify WAR

(a) Residence: No. 521 N. Carrollton Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 5, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Const

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greenville S.C

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Marcellus Trapp (S)

(Address) 536 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date March 20 1937

19. UNDERTAKER Chas. G. Cooper

(Address) 614 N Calhoun St.

20. FILED

19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 16. 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 11, 1937 to Mar. 16 1937

I last saw him alive on Mar. 16. 1937 Death is said to have occurred on the date stated above, at 9:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3.10.37
Pleurisy with effusion	3.14.37
Other contributory causes of importance: none	over

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical + X-ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James D. Carr M. D.

(Address) 515 Mosher St

(Martin) F 33623

33623 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

51-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 70-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 27 yrs. ..... mos. ..... ds.

2. FULL NAME Martin Petraolinus-Petulinis If U.S. Veteran specify WAR .....

(a) Residence: No. 404 Brice St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Petulinis

6. DATE OF BIRTH (month, day, year) — 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Richey Petulionis
(Address) 911 Bayard St

18. BURIAL, CREMATION OR REMOVAL
Place Holy Sepulchre Date Mar. 22 37

19. UNDERTAKER John Greblauskas
(Address) 1423 S. Paca St

19 1937 [illegible] Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1937 to March 18, 1937

I last saw him alive on March 18, 1937 Death is said to have occurred on the date stated above, at 5 00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Bladder (Cancer)	?

Other contributory causes of importance:

Anemia	

Was an operation performed? yes Date of 3-15-37

For what disease or injury? Cystoscopic

Fulguration of bleeding tumor

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank R. Stephenson M. D.

(Address) St Josephs Hosp

F 33624 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

95-B F 33624

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5928 Falls Road St. 27-B Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. — mos. — dys. How long in U. S. If of foreign birth? yrs. mos. de.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Joan Giles

(a) Residence: No. 5928 Falls Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Walter R. Giles

6. DATE OF BIRTH (month, day, year): July 30-1883

7. AGE: Years 53 | Months 7 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Co Md.

FATHER

13. NAME: William Welsh

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary Stanton

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Walter R. Giles
(Address) 5928 Falls Road

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Ridge Date: March 20 1937

19. UNDERTAKER: Horace E. Burgee
(Address) 3621 Falls Road

20. Filed MAR 19 1937 Huntington Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feby 24, 1926 to March 18, 1937

I last saw her alive on Feby 21st, 1937. Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis about	4yr
Cardiac vascular about	3yr
	1yr

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? no

Name of operation no

What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) William J. Todd M. D.

(Address) 2717 Frost Road

F 33625

33625 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. 1742 / 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1142 Dorn st. St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edell Pinkney

If U. S. Veteran specify WAR

(a) Residence: No. 1142 Dorn st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 13th. 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 00 10

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Pinkney

14. BIRTHPLACE (city or town) (State or country) St. Michaels, Md.

MOTHER

15. MAIDEN NAME Maggie Hill

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Maggie Walker
(Address) 1142 Dorn st

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Mar 20, 1937

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 N Schroeder St.

Registrar

19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 16th, 1937 to Mar 17, 1937

I last saw her alive on Mar 16, 1937 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T.B.C.	
Other contributory causes of importance:	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Physical Exam. Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state how

(Signed) Walter J. Jackson, M. D.

(Address) 1631 W. Franklin st.

M. D. B. 1268-9

F 33626

33626 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 755 Dover St 21-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Hammond.

(a) Residence: No. 755 Dover St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 12, 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md

FATHER

13. NAME Richard Hammond

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

MOTHER

15. MAIDEN NAME Elizabeth Garrett

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

17. INFORMANT Elizabeth Garrett

(Address) Jessups Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date March 22, 37

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N. Schroeder St.

19 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 17, 19 37

22. I HEREBY CERTIFY, That I attended deceased from Mar 12, 19 37 to Mar 17, 19 37

I last saw h alive on Mar 16, 19 37 Death is said to have occurred on the date stated above, at 7 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Pneumonia	3 da

Other contributory causes of importance: None

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul D. Jaines M. D.

(Address) 1100 E. Lanvale St

33627 F. 33627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. 12-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 223 E. University Parkway, Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Harry Reth

(a) Residence: No. 223 E. University Parkway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Annabel Kakel Reth

6. DATE OF BIRTH (month, day, year) July 30th 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cogswell Con! St Co., Builders 0016

10. Date deceased last worked at this occupation (month and year) March 1937

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Reth

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Hannah Rau

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs Annabel Kakel Reth

(Address) 223 E. University Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date March 20th, 37

19. UNDERTAKER H. Tickner & Sons

(Address) [illegible]

20. FILED [illegible] Registrar.

19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17th, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1937, to March 17th, 1937

I last saw [illegible] alive on March 17, 1937 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3/17/37
Other contributory causes of importance: Acute Bronchitis	3/11/37 ?
Mitral Regurgitation	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Helen F. Pullman M. D.

(Address) 6 East Biddle St

F 33628

33628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 S. BOND ST. St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ISABELLA [redacted] Noraich

If U. S. Veteran specify WAR .....

(a) Residence: No. 421 S. BOND ST. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	WIDOW

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Frank Noraich

6. DATE OF BIRTH (month, day, year) ? 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK 6037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) LITVANIA.

FATHER

13. NAME Longinus Barkewich

14. BIRTHPLACE (city or town) (State or country) Litvania

MOTHER

15. MAIDEN NAME Markewich

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT ISABELLA LOVETTE
(Address) 421 S. BOND ST.

18. BURIAL, CREMATION, OR REMOVAL
Place HOLY REDEEMER. Date MAR 20 1937

19. UNDERTAKER Lilly & Zeile Inc
(Address) 403 S WOLFE ST

20. FILED ..... 19 ..... Registrar.

F9 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 17 1937

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1937 19 ..... to March 17, 1937 19 .....

I last saw her alive on March 17 1937. Death is said to have occurred on the date stated above, at 11/45 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	3/16/37
Other contributory causes of importance: arteriosclerosis with hypertension	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Michael J. Kliesiek M. D.

(Address) 526 S. Bond St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33629

CERTIFICATE OF DEATH

F 33629

Registered No. 55-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 ds. How long in U. S. If of foreign birth? 28 yrs. 10 mos. 12 ds.

2. FULL NAME Ora Dell Sexton

If U. S. Veteran specify WAR NONE

(a) Residence: No. Spartanburg, Sorth Carolina St., Ward. Spartanburg, South Carolina
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Paul Sexton

6. DATE OF BIRTH (month, day, year) May 7, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	28	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE

10. Date deceased last worked at this occupation (month and year) NONE

11. Total time (years) spent in this occupation NONE

12. BIRTHPLACE (city or town) (State or country) Dillon County South Carolina

FATHER

13. NAME Hugh Arch Henderson

14. BIRTHPLACE (city or town) (State or country) Marion North Carolina

MOTHER

15. MAIDEN NAME McIvera Kelley

16. BIRTHPLACE (city or town) (State or country) Dillon County South Carolina

17. INFORMANT Rev. John D. Henderson (Brother)
(Address) Spartanburg, South Carolina

18. BURIAL, CREMATION, OR REMOVAL
Place Spartanburg S. C. Date May 19 1937

19. UNDERTAKER Stewart & Mowen Company
(Address) 108 West North Avenue

19 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/19/37 , 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry) her death on the day stated above.

The principal cause of death and related causes of importance were as follows: — Date of onset

Brain Tumor

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Wheeler , M. D. Coroner

(Address) 1918 E. North Ave.

V S 6

F 33630

HEALTH DEPARTMENT—CITY OF BALTIMORE

33630

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2706 SOUTHERN AVE. St. 97-3 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME FERDINANDE MULLER

(a) Residence: No. 2706 SOUTHERN AVE. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	WIDOW

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: FRANK MULLER.

6. DATE OF BIRTH (month, day, year): JULY 23/1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	7	21 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: AT HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): GERMANY

FATHER

13. NAME: UNKNOWN

14. BIRTHPLACE (city or town) (State or country): GERMANY

MOTHER

15. MAIDEN NAME: UNKNOWN

16. BIRTHPLACE (city or town) (State or country): GERMANY.

17. INFORMANT: MARGARET ZEILER. (DOUTHER)

(Address): 2706 SOUTHERN AVE.

18. BURIAL, CREMATION, OR REMOVAL

Place: HOLY REDEEMER. Date: MAR 20. 1937

19. UNDERTAKER: Filby & Zeiler Inc.

(Address): 403 S. WOLFE. ST.

20. FILED 19 Registrar.

19 1937

17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): MAR. 17. 1937

22. I HEREBY CERTIFY, That I attended deceased from Mch 10 37 to Mch 17 1937

I last saw h alive on Mch 16 1937 Death is said to have occurred on the date stated above, at 7/15 m. PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema Pulmonal due to Grippe	Influ
Arteriosclerosis	Yrs

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 6??? Fleet St

F 33631 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33631

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2413 Arunah Ave 16-5 St., Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry C. Mueller

If U. S. Veteran specify WAR .....

(a) Residence: No. 2413 Arunah St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna B. Mueller

6. DATE OF BIRTH (month, day, year) Oct 26-1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	4	21	19

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cost Accnt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office

10. Date deceased last worked at this occupation (month and year) Mar 1937

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles Mueller

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Edna Schaum

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Anna B. Mueller

(Address) 2413 Arunah Ave

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Date Mar 20 1937

19. UNDERTAKER John Ulbrich & Sons

(Address) 2508 Orleans St

20. FILED ..... 19..... Registrar

MAR 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1937 to March 17, 1937

I last saw him alive on March 17, 1937. Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Rheumatic Cardiac -	?
Vascular Disease	
2 Sept. Acute Bacterial Endocarditis	?
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) D. C. MacLaughlin M. D.

(Address) 410 N. Payson St.

F 33632

33632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. en route at) Reservoir Rd & Belvedere Ave. St., 2-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John Kruszewsky

If U. S. Veteran specify WAR .....

(a) Residence: No. 906 S. Wolfe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of x
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lather

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Stanislas —

14. BIRTHPLACE (city or town) (State or country) German Poland

MOTHER

15. MAIDEN NAME Kunigunda Dziuk

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Benj. Kruszewsky (Father)
(Address) Glen Burnie Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date 3/20. 1937

19. UNDERTAKER William Fiaschetti
(Address) 1618 Eastern Ave.

20. FILED Huntington Williams, Registrar
MAR 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) A. M. Wright, M. D.
Coroner

(Address) 1010 S. Bethesda Ave.

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

V S 6

M. D. B 1268-9

F 33633

33633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1133 McCulloh St., 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Earnest Jackson

if U. S. Veteran specify WAR .....

(a) Residence: No. 1033 McCulloh St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 8- 1936.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Earnest Taylor Sr

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Dorothy Jackson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Georgia Brown

(Address) 1033 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 19 1937

19. UNDERTAKER Commissioner of Health

(Address) Per H. L. Moore

19 1937

3056

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above. 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance: None

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. Ham Coroner M. D.

Coroner

(Address) 210 Hanover

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

F 33634

33634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenham Hospital St., 18-1- Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert W heatley

If U. S. Veteran specify WAR

(a) Residence: No. 28-N. Prospect St., Ward.

(Usual place of abode) apleton (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unk

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Longshoreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Old Bay Line Dock

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Henry Patten

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Carey W heatley

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Annie W heatley

(Address) 11- S. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL MAR 19 1937

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED MAR 19 1937 Registrar

3087H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 11, 1937 to Mar. 11, 1937

I last saw h/ alive on Mar. 11, 1937 Death is said to have occurred on the date stated above, at 8:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus Meningitis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sidney Selman M. D.

(Address) Lyndenham Hospital

VS 3

33635

F 33635

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 27-10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 Beaumont Ave., Govans St., Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma T. Hill

(a) Residence: No. 514 Beaumont Ave., Govans St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) January 8, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher 0065

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School

10. Date deceased last worked at this occupation (month and year) Dec. 1936

11. Total time (years) spent in this occupation 45-50 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Hill

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Mary Margaret Stewart

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Dr. John H. Sharpley

(Address) 1223 N. Payson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date March 20, 1937

19. UNDERTAKER Robt H. Cook

(Address) 1005 N. Baltimore St.

20. FILED 19 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 11th, 1937, to March 17th, 1937.

I last saw her alive on March 17th, 1937. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Parenchymatous Nephritis	3/11/37
Chronic Dil of Heart	1/10/37
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Frank Willer Jr. M. D.

(Address) Reisterstown, Md.

F 33636

33636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2611 Maryland Ave St., 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William T. Hubbard

If U. S. Veteran specify WAR .....

(a) Residence: No. 2611 Maryland Ave St., ... Ward. Cambridge Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced (write the word)~~
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Naomi E. Hubbard.

6. DATE OF BIRTH (month, day, year) Nov 2, 1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
31	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cambridge, Md

FATHER

13. NAME Thos. B. Hubbard

14. BIRTHPLACE (city or town) (State or country) Cambridge Md

MOTHER

15. MAIDEN NAME Nettie Henry

16. BIRTHPLACE (city or town) (State or country) Cambridge Md

17. INFORMANT Nettie Henry Hubbard

(Address) Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Christ Church Date 3/19/37

19. UNDERTAKER John O. Mitchell & Son

(Address) 1900 Eutaw Place

20. FILED 19 ..... Registrar

3-19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1936 to Mar 19, 1937

I last saw him alive on Mar 19, 1937. Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	
Pyo Pneumothorax	
Pulmonary Edema	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) E. Howard Donald M. D.

(Address) 817 Park Ave

F 33637

33637

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH St. Agnes' Hospital, Registered No.
CITY OF BALTIMORE: (No. Wilkens + Caton aves. St. 26 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Mr. Thomas A. Boyer, If U. S. Veteran specify WAR

(a) Residence: No. 108 Mallow Hill Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bernice E Boyer

6. DATE OF BIRTH (month, day, year) March 30, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
69	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Traveling Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Commercial
10. Date deceased last worked at this occupation (month and year) 1926
11. Total time (years) spent in this occupation 25 Yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Jacob Boyer
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary M. Smylow
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Reba E. Gainor
(Address) 108 Mallow Hill Road

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date March 22 1937

19. UNDERTAKER Harry W Ehlen
(Address) 1944 W Baltimore Ave

19 1937 Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19-1937

22. I HEREBY CERTIFY, That I attended deceased from 3-17-1937 to 3-19-1937
I last saw him alive on 3-19-1937. Death is said to have occurred on the date stated above, at 5.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3/10/37

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..19..

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Daniel Jos. Dolphin M. D.
(Address) St Agnes Hospital

33638 F 33638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6103 Baltimore Ave Ward) 27-20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mons Manke

(a) Residence: No. 6103 Baltimore Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Manke

6. DATE OF BIRTH (month, day, year) May 28 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Salesman 1066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Norfolk Va.

FATHER

13. NAME Joseph Manke

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Esther Bluth

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Carrie Manke
(Address) 6103 Baltimore Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemetery 3/21/37

19. UNDERTAKER J. Albert & Son
(Address) 3432 Reisterstown Rd

20. Filed ... 19 ... Registrar.

19 1837 at Baltimore, Md.

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19-1937

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1937 to March 19, 1937

I last saw h... alive on March 19, 1937 Death is said to have occurred on the date stated above, at 8-30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Generalized arteriosclerosis	
Coronary thrombosis	

Other contributory causes of importance:

Arteriosclerosis
Hypertension

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Bernard Cohen M. D.

(Address) Mackenzie Apts

M. D. B. 1268-9

F 33639

33639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 E. Eager St. 10-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. — mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Farley

(a) Residence: No. 622 E. Eager St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Farley

6. DATE OF BIRTH (month, day, year) 3-21-[illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	3 11	21 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Hugh Moore

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Rose Carney

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Robert Carr

(Address) 2457 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date Mar. 20 1937

19. UNDERTAKER Mary M Wedderspoon

(Address) 901 E 22nd St

20. FILED [illegible] Huntington Williams, Registrar.

19 1937

W

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17th 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 28th 1937, to March 17th 1937.

I last saw her alive on March 17th 1937. Death is said to have occurred on the date stated above, at 6-30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	?

Other contributory causes of importance:

Hypertension	?
Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 114 Hamilton Ave

Spec.—2-29-28—L. F. S.—500 Bks.

F 33640

F 33640

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 115-a

1—PLACE OF DEATH 3431 Guilford Terrace

CITY OF BALTIMORE: (No. ST. 12-25 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME A. Eugenia Steakley

(a) RESIDENCE NO. 3431 Guilford Terrace ST.

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced (or) WIFE of: The Late Chas. E. Steakley

6 DATE OF BIRTH (month, day, and year): Dec. 25-1857

7 AGE: Years 79 | Months 2 | Days 22 24 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): 0037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Jackson Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Amanda Curtis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Eugene Steakley

(Address) 3431 Guilford Terrace

15 Filed: 9 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/14/37

17 I HEREBY CERTIFY, That I attended deceased from Mar 16, 1937, to Mar 14, 1937, that I last saw her alive on Mar 14, 1937, and that death occurred, on the date stated above, at 10:30 A m.

The CAUSE OF DEATH* was as follows:

Septic Sore Throat

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], M. D.

3/14, 1937 (Address) Towson - Md.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity Cemetery Towson Md. | DATE OF BURIAL: Mch 22 1937

20 UNDERTAKER: Clarence E. Arthur | ADDRESS: York Md.

F 33641

33641 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓ 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 767 Carroll St. 21-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Blockenger.

If U. S. Veteran specify WAR No Record

(a) Residence: No. 767 Carroll St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced (or) WIFE of William Blockenger

6. DATE OF BIRTH (month, day, year) April 15- 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ✓ 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles W. Ebert.

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Foutz

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Edna Elizabeth Blockenger

(Address) 767 Carroll St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 3/22 19 37

19. UNDERTAKER William Cook

(Address) 1217 St Paul St.

20. FILED 19 37

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 19. 1937

22. I HEREBY CERTIFY, That I attended deceased from 16 Mar 1937 to 20 Mar 1937

I last saw her alive on 18 Mar 1937 Death is said to have occurred on the date stated above, at 1 45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	?
Myocarditis.	?

Other contributory causes of importance:

acute decompensation of heart.	16 Mar 37

Was an operation performed? No Date of —

For what disease or injury?

Name of operation ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) state in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ✓

No If so, how? .....

(Signed) H Thomas Wheeler M.D.

(Address) 2910 Hollins Ferry Rd

33642

F 33642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-A

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5011 (St.) Cordelia Av (Ward) 27-18

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME B. Frank Englar

If U. S. Vet. specify WAR No Record

(a) Residence: No. 5011 Cordelia Av St., ... Ward. ...

(Usual place of abode) 30 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. COLOR OR RACE: White | 5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Mary E. Engler

6. DATE OF BIRTH (month, day, year): Nov 1-1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country): Frederick Co Md

FATHER

13. NAME Henry Englar

14. BIRTHPLACE (city or town) (State or country): Frederick Co Md

MOTHER

15. MAIDEN NAME Mary Perry

16. BIRTHPLACE (city or town) (State or country): Frederick Co Md

17. INFORMANT C. P. Englar

(Address) 3121 Woodland Ave

18. BURIAL, CREMATION, OR REMOVAL: Md

Place Bears Dam Date 3/22/37

19. UNDERTAKER: William Cook

(Address) 1217 St Paul St

20. FILED ... Registrar. Mar 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1937 to March 19, 1937

I last saw him alive on March 19 1937. Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/7/37
Other contributory causes of importance:	
Arteriosclerosis	

Was an operation performed? — Date of ...

For what disease or injury? —

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John D. Buker M.D.

(Address) 4803 Park Heights Av

F 33643

33643 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Gen Hosp St., 7-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Vet. specify WAR No Record

2. FULL NAME Mrs Eva Cook

(a) Residence: No. 2015 Cecil Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of Wilbert S. Cook

6. DATE OF BIRTH (month, day, year) Aug 27 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 1037
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation. X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Edward Hasson
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Edward Hasson
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wilbert S. Cook
(Address) 3143 Crittenden Place

18. BURIAL, CREMATION, OR REMOVAL
Place St Marys (Hampden) Date Mar 22nd 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. [illegible] 19 [illegible] Registrar.

20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-18-37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 12-1-36 . 19 . to 3-18-37 . 19

I last saw her alive on 3-18-37 . 19 . Death is said to have occurred on the date stated above, at 1:20 p. m.

The prinripal cause of death and related causes of importance were as follows: Date of onset

Cancer of Cervix & metast Deps to bladder 7 0

Other contributory causes of importance:

Was an operation performed? Yes Date of 12-5-36

For what disease or injury? Urinary retention

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violenre) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

~~If no,~~ specify

(Signed) Upshur Watts M. D.

(Address) South Baltimore Gen Hosp

M. D. P. 1269-9

F 33644

33644

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 134 Collins Ave St. W-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William C. Junghans

(a) Residence: No. 134 Collins Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Amelia A. Junghans

6. DATE OF BIRTH (month, day, year) Dec 3rd - 1885

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
51	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fisk Dry Cleaning Co

10. Date deceased last worked at this occupation (month and year) May 18th 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Rudolph Junghans

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Katherine ?

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Amelia A. Junghans
(Address) 134 Collins Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date March 22nd 1937

19. UNDERTAKER Bernard C. Harlr
(Address) 121 E West St

20. [illegible] Huntington Williams, M.D.

MAR 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18th 1937

22. I HEREBY CERTIFY, That I attended deceased from March - 21 . 1936 to March - 18 . 1937.
I last saw him alive on March - 18 1937. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis & Mitral Insufficiency	1921.
Other contributory causes of importance: Hypertension, Arterial	4 yrs.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) D. Lloyd Johnson M. D.

(Address) Catonsville, Md.

F 33645

33645 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

23

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 13-L Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Adelsperger (19476) If U. S. Veteran specify WAR .....

(a) Residence: No. 3458 Keswick Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) April 2, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0084

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Ella Moulden

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Name Mt. Olivet Cem. Date March 22, 1937

19. UNDERTAKER Ehrenwerth & Son.
(Address) 36 & 17 Ehrenwerth Ave

20. FILED Huntington Williamsburg, N.Y.
MAR 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 14, 1936 to March 18, 1937
I last saw h. in alive on March 18, 1937 Death is said to have occurred on the date stated above, at 11:05 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs. — Date of onset Jan 1933

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Dean H. Feldman M. D.

(Address) Baltimore City Hospitals

M. D. B 1268-9

33646

✓ F 33646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 209-M

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Presidents Hospital St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.
If U. S. Veteran specify WAR

2. FULL NAME Belle Pugh

(a) Residence: No. 632 Baker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm Burr

6. DATE OF BIRTH (month, day, year) 1865

7. AGE: 69 Years | Months | Days | If LESS than 1 day, ..hrs. or ..min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): "

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Albert Burr
(Address) 632 Baker St. E.

18. BURIAL, CREMATION, OR REMOVAL
Place Nat Arbor Cem Date Mar 22 1937

19. UNDERTAKER: Thomas E Kelso
(Address) 1323 Eastern Ave

20 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above, at 1.43 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Skull	

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 3/17 1937
Where did injury occur? Near Cor. Madison and York
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Front 197 E. East Expressway.
Manner of injury Struck by Car
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Hans Gruner M. D.
Coroner
(Address) 216 Hanover

33647 F 33647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 21897 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. (5-1) Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1912 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie Hawkins

If U. S. Veteran specify WAR

(a) Residence: No. 1620 Gilmor St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John (D)

6. DATE OF BIRTH (month, day, year) 10-15-1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Willian Thomas

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Austin

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Int Calvary Cem Date 3/22/37

19. UNDERTAKER Thomas E. Kelagn

(Address) 1303 Preastman St

20. FILED 19 Registrar

MAR 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1937, to March 18, 1937

I last saw her alive on March 18, 1937. Death is said to have occurred on the date stated above, at 1:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	Oct 1935
Other contributory causes of importance:	

Was an operation performed? Yes Date of Oct 1935

For what disease or injury? Carcinoma of stomach

Name of operation Abdominal

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Walter Lantzke, M. D.

(Address) Baltimore City Hospitals

Spec.—1-12-23—M&T—500 Blks.

✓ F 33648

33648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1126 N. Carey ST. 16-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leonard Johnson

(a) RESIDENCE NO. 1126 N. Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
27	~~29~~	9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer) 0074

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Northumberland Co. Va.

PARENTS

10 NAME OF FATHER Rubin Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Sophia Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Robert Johnson

(Address) 1106 N Carey

Filed 20 1937, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/16/ 1937

17 I HEREBY CERTIFY, That I attended deceased from March 14, 1937, to March 16, 1937.

that I last saw h[illegible] alive on 16 March, 1937

and that death occurred, on the date stated above, at 1-40 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Bronchitis Chronic

(duration) yrs. mos. 2-1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Medical Test

(Signed) E. H. Walters, M. D.

, 19 (Address) 506 E Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Reisterstown Md

DATE OF BURIAL 3 21 1937

20 UNDERTAKER Thomas E. Kelson

ADDRESS [illegible]

M. D. B. 1268-b

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33649

CERTIFICATE OF DEATH

50 F 33649

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1427 Battery Ave. St. 24-3 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME MARGARET - DOWNEY

(a) Residence: No. 1427 Battery Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Downey

6. DATE OF BIRTH (month, day, year) July - 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	4 8	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory 069

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

FATHER

13. NAME Martin Manning

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Margaret Wright

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT William Downey

(Address) 1427 Battery ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place New Cathedral Date Mar. 22 1937

19. UNDERTAKER Elizabeth Harle Inc.

(Address) 115 E. West St.

20. FILED 20 1937 [signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1 1937 to March 18 1937

I last saw h[illegible] alive on March 18 1937 Death is said to have occurred on the date stated above, at 12:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - Breast.	

Other contributory causes of importance:

Toxic Goitre & Myocarditis

Name of operation Removal of Breast Date of 1934

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury ~~occurred in industry~~, in home, or in public place —

Manner of injury —

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John A. Schwenck M. D.

(Address) 1337 S. Clarke St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33650

CERTIFICATE OF DEATH

F 33650

1. PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. 2025 W. Fayette St., Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME William Maykranty

If U.S. Veteran specify WAR ....

(a) Residence: No. 2117 W. Saratoga St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Wilhelmina Maykranty

6. DATE OF BIRTH (month, day, year) Nov 26 1893

7. AGE Years 43 | Months 3 | Days 20 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paper Box Mfrs

10. Date deceased last worked at this occupation (month and year) 008

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Theodore Maykranty

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Wilhelmina Von Herdaken

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. Wm. Maykranty 2117 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cem. Date 3-22-37

19. UNDERTAKER (Address) George A. Farley Walter H. Leyfert Huntington Williams, M.D.

MAR 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/7, 1937, to 3/18, 1937

that I saw him alive on 3/18, 1937. Death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia.	3/2/37
Other contributory causes of importance: Acute Pulmonary Edema.	3/18/37

Was an operation performed? No Date of ....

For what disease or injury? ....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ....Date of injury ....19....

Where did injury occur? ....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ....

(Signed) Chas B Marsh, M. D.

(Address) Bon Secours Hosp

✓ F 33651

33651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St., 22 E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Frederick H Lent

(a) Residence: No. 75 E Hill St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Valeria J Lent

6. DATE OF BIRTH (month, day, year) March 9 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maine

FATHER

13. NAME Wm Lent

14. BIRTHPLACE (city or town) (State or country) Nova Scotia.

MOTHER

15. MAIDEN NAME Charlotte Coggins

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMANT Mrs Gertrude B Carnell

(Address) 1808 N Gay St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Mar 20, 1937

19. UNDERTAKER John F Dempsey

(Address) 715 Ligd st

20 1937

(Signed) [illegible] Coroner

(Address) [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] Coroner, M. D.

(Address) 1010 S. Edwood Ave

VS 6

(Twork)

F 33652

33652 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

35a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hos. St., 2-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances T Worek

If U. S. Veteran specify WAR .....

(a) Residence: No. 1912 E. Pratt St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph

6. DATE OF BIRTH (month, day, year): Jan 28 1911

7. AGE: Years 26 | Months 1 | Days 20 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none 1937

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: William Kuselka

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Sophia (Unknown)

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Joseph T Worek

(Address) 1912 E Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date 3-22 1937

19. UNDERTAKER: W. J. Cook

(Address) 27 St. Paul St

Filed 20 1937 [illegible] Registrar.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by inquest, autopsy find that said deceased came ... her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic peritonitis	
post partum	
Other contributory causes of importance: Recto vaginal abcess -	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Wright Coroner, M. D.

(Address) 1010 S. Ellwood Ave.

F 33653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 33653

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital St., 9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Gunning

If U.S. Veteran specify WAR .....

(a) Residence: No. 97 6th Eastport Md. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Not stated

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Gunning

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Catherine Carrock

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Rev Father Gunning

(Address) Annapolis Md

18. BURIAL, CREMATION, OR REMOVAL

Eastport Annapolis Md

Place Date 19

19. UNDERTAKER Henry Hoeck & Sons, Inc

(Address) 630 E Eager

MAR 20 1937 Washington Baltimore, Md

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1937 to March 19, 1937

I last saw h[illegible] alive on March 19, 1937. Death is said to have occurred on the date stated above, at 9[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension + Arteriosclerotic Heart disease & decompensation	

Other contributory causes of importance:

Arteriosclerotic gangrene R. foot	1 mo

Was an operation performed? no Date of —

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank R. Stephenson M. D.

(Address) St. Joseph's Hosp.

F 33654

33654 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2/3D

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Pier 7 Harbor Clinton St., 26th Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry Hintz

(a) Residence: No. 1118 Nelson St. Algiers Louisiana Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ada Mae Elizabeth

6. DATE OF BIRTH (month, day, year) Oct 31 1901

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Engineer

9. Industry or business in which work was done, as mill, saw mill, bank, etc. St Capitol 4-30

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Algiers Louisiana

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT South Pacific R.R.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Orleans La Date Mar 20th 1937

19. UNDERTAKER Metairie Cemetery
2224 Canal St

20. FILED Mar 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

Drowning

Date of onset

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury March 18 1937

Where did injury occur? Balto Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Fell off Tender during S.S. [illegible] while testing

Manner of injury S.S.

Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. J. Wright Coroner, M. D.

(Address) 1010 S. Edwards Dr.

23 1937

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33655

CERTIFICATE OF DEATH 948

F 33655

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 432 East North Avenue. St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence E. Milford

If U. S. Veteran specify WAR

(a) Residence: No. 432 East North Avenue. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of William W. Milford

6. DATE OF BIRTH (month, day, year) About 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year) --

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs H.M. Sander
(Address) 157 Dartmouth St-Boston, Mass.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Mar 20th 37

19. UNDERTAKER
(Address)

20. Mar 20 1937 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	?
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo Dieneborn, M. D.
Coroner

(Address) Crown

OCCUPATION IS VERY important. See instructions on back of certificate.

F 33656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 F 33656

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hospital (St.) (Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mabel F. Stone

If U. S. Veteran specify WAR

(a) Residence: No. 2403 Brambleton Rd. St., Baltimore Md. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of T. E. Stone

6. DATE OF BIRTH (month, day, year) Sept 3 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dallas Texas

FATHER

13. NAME Leslie French

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Mabel Selby

16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMANT Mr. T. E. Stone

(Address) 2403 Brambleton Road

18. BURIAL, CREMATION, OR REMOVAL

Place Dallas, Texas Date Mar. 19 37

19. UNDERTAKER Mr. Pickney & Sons

(Address) Baltimore Md.

FILED MAR 20 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/19 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/12 1937 to 3/19 1937

I last saw her alive on 3/19 1937 Death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Lobar Pneumonia	3/17/37
Pleural Effusion	3/17/37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Simon J. Kemp M. D.

(Address) Bon Secours Hosp

F 33657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 F 33657

Registered No. 21939

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Allen

(a) Residence: No. 1405 Hull Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Allen

6. DATE OF BIRTH (month, day, year) 3-28-1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Allen

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Hattie ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date March 22 1937

19. UNDERTAKER Chas. L. Flamm

(Address) 1501 E. Fort Ave.

20. FILED MAR 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-16, 1937 to 3-19, 1937

I last saw him alive on 3-19, 1937 Death is said to have occurred on the date stated above, at 4.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis - cause unknown	3 days
Other contributory causes of importance: Diabetes Mellitus	9 yrs.

Was an operation performed? yes Date of 3-16-37

For what disease or injury? Peritonitis

Name of operation Draining of abdomen

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. H. Hoover M. D.

(Address) Bolt City Hosp.

1901 Eutaw Place Coloured ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

P 33658

33658

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3227 Gwynns Falls Parkway 15-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Laura Corby

(a) Residence: No. 3227 Gwynns Falls Parkway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 10th. 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Williamsport, Md.

FATHER

13. NAME George W. Corby

14. BIRTHPLACE (city or town) (State or country) Williamsport, Md.

MOTHER

15. MAIDEN NAME Helen Kershner

16. BIRTHPLACE (city or town) (State or country) Williamsport, Md.

17. INFORMANT Robert L. Beavan

(Address) 3227 Gwynns Falls Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Hagerstown, Md. Date 3/23/37.

19. UNDERTAKER Frederick W. Krajer

(Address) Hagerstown, Md

20. FILED MAR 20 1937 Huntington Williamsport, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/20, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 8th, 1937. to March 20th, 1937.

I last saw her alive on March 19th, 1937. Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Heart Failure	sudden
Other contributory causes of importance:	
Chronic Myocarditis	?
Heart Block, Arterio-sclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Was there an autopsy? No

What test confirmed diagnosis? Physical findings

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. Turner Lamb M. D.

(Address) 1901 Eutaw Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33659

CERTIFICATE OF DEATH

95-B F 33659

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4020 Hayward Ave. St. 27-18 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie T. Killien

If U. S. Veteran specify WAR

(a) Residence: No. 4020 Hayward Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Killien

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Patric Lawliss

14. BIRTHPLACE (city or town) Ireland (State or country)

MOTHER

15. MAIDEN NAME Annie T. McKewen

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Agnes T. MAnnion
(Address) 1020 Hayward Ave

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemetary Date 3-22-37

19. UNDERTAKER Frederick A. Cook
(Address) 1900 W. Lombard St.

MAR 20 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/17/37

22. I HEREBY CERTIFY, That I attended deceased from January 27 to 3/17/37

I last saw him alive on 3/1-7/37 Death is said to have occurred on the date stated above at 11:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Asthma	1/27/37

Other contributory causes of importance:

Cardiac Insufficiency	3/17/37

Was an operation performed? Date

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Stephen A. Brami M. D.
(Address) 1020 Hayward Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

33660 181 F 33660

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 26-9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry A. Shorty

(a) Residence: No. 1029 S. Conkling St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 19th. 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cooperage

10. Date deceased last worked at this occupation (month and year) Feb. 1st. 1937

11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) Baltimore Co.
(State or country) Maryland

FATHER

13. NAME Frederick J. Shorty

14. BIRTHPLACE (city or town) Balto. Co.
(State or country) Maryland

MOTHER

15. MAIDEN NAME Amelia Jannusch

16. BIRTHPLACE (city or town) Balto. Co.
(State or country) Maryland

17. INFORMANT Frederick J. Shorty
(Address) 1029 S. Conkling St.

18. BURIAL, CREMATION, OR REMOVAL
Place Zion Luth. Cem. Date March 22, 1937

19. UNDERTAKER Lasselle Funeral Home
(Address) 7401 Belair Road

R 29 1937 Huntington Ave Baltimore Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18th. 1937

22. I HEREBY CERTIFY, That I attended deceased from
..... 19 .... to ..... 19 ....
I last saw h alive on ..... 19 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
3rd degree burns - perineum scrotum pelvis + thighs	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of Injury March 14 1937

Where did injury occur? Balto Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home - fell asleep - cigaret

Manner of injury Ignited clothing, clothes afire

Nature of Injury Burns

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. H. Wright M. D.
Coroner.

(Address) 101 S. Wolfe St.

F 33661

33661 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a

1. PLACE OF DEATH Eutaw Place & Wilson St. Registered No.

CITY OF BALTIMORE: (No. Marlborough Apt. 4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rosa Lauer

(a) Residence: No. Marlborough Apt. St. Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 21, 1842

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	94	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Louis Lauer

14. BIRTHPLACE (city or town) (State or country) Bavaria

MOTHER

15. MAIDEN NAME Sarah Bamberger

16. BIRTHPLACE (city or town) (State or country) Bavaria

17. INFORMANT Mr. L. Nyberg

(Address) 2414 Linden Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Har Sinai Cem. Date Mch. 21 1937

19. UNDERTAKER Harry Goodman & Son

(Address) 1902 Eutaw Place

20 1937 Huntington Williams, MD Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1937 to Mch 19, 1937

I last saw her alive on Mch 18, 1937 Death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset Feb 6 '37

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Julius Friedenwald M. D.

(Address) 1013 N. Charles St.

O.K. Paul Mencken, M.D. 33662

33662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 186a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Hannah F. Weil

(a) Residence: No. Marlborough & Gst. - Eastern Pl. & Wilson St.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced
HUSBAND of (or) WIFE Isaac B. Weil

6. DATE OF BIRTH (month, day, year) Aug. 25, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Abraham Frank

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Stern

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. I. B. Fader
(Address) 2202 Crest Road

18. BURIAL, CREMATION, OR REMOVAL
Place Heb. Friends Cem. Date Mch. 4 1937

19. UNDERTAKER Harris Levine & Son
(Address) 1902 Eutaw Place

20. FILED 19 Huntington Williams, Dep. Registrar

MAR 3 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-1, 1937 to 3-19, 1937

I last saw her alive on 3-19, 1937 Death is said to have occurred on the date stated above, at 10 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	?
Senile Psychosis	?
Fracture of Rt. Femur	1-26-37
Cardiac Insufficiency	?
Other contributory causes of importance:	
Bronchopneumonia	3-2-37
Decubitus ulcer	1-30-37

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1/26/, 1937

Where did injury occur? Marlborough & Gst. Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down on floor

Nature of injury [illegible] her home

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) A. Mirskin, M. D.

(Address) Sinai Hosp.

F 33663

32 33663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2nd-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Conner

If U. S. Veteran specify WAR

(a) Residence: No. 3196 Elliott St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Frances

6. DATE OF BIRTH (month, day, year) 7/31/86

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Anthony Wittstadt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eliz. Snyder

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Cem Date Mch. 22 1937

19. UNDERTAKER George W. Zinkan

(Address) 1737 E. Eager St

20. FILED

20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 14, 1937 to Mar 18, 1937

I last saw her alive on Mar 18, 1937 Death is said to have occurred on the date stated above, at 12:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
R Rheumatic Heart disease	1922?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Palmer Howard Jr. M. D.

(Address) Johns Hopkins Hospital

17

F 33664

F 33664 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 33664

93-c

Registered No. 76-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balti City Hospitals Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Thomas Edward Tucker

(a) Residence: No. 436 S. Dreer St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rebecca

6. DATE OF BIRTH (month, day, year) Nov 15, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance agent

9. Industry or business in which work was done, as silk saw mill, bank, etc. Mutual Benefit

10. Date deceased last worked at this occupation (month and year) 3/14/37

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

FATHER

13. NAME John T Tucker

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Purdy

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Rebecca Tucker

(Address) 436 S. Dreer

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cemetery Date Mar 22nd 1937

Place

19. UNDERTAKER Geo. Cook & Sons

(Address) 12 E. St. Paul St

FILED MAR 21 1937 Huntington Williams, M.D. Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular sclerosis	

Other contributory causes of importance: Pulmonary hemorrhage

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. N. Wright M. D.

Coroner

(Address) 1010 S. Ellwood Ave

33663 33664 32543

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33665

CERTIFICATE OF DEATH

89-B

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 14 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katie McNeil

If U. S. Veteran specify WAR

(a) Residence: No. 1619 Madison Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/30/04

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Geo McNeil

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Maggie Harris

16. BIRTHPLACE (city or town) (State or country) N. C

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Dunn N.C. Date Mar 21 37

19. UNDERTAKER Elroy Wilson
(Address) C/o Bradley

21 1937 Filed Washington, N.C.

53 North Carolina

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 19. 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1937 to Mar 19, 1937

I last saw h.. alive on Mar 19, 1937 Death is said to have occurred on the date stated above, at 2.20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mastoiditis ant left ?	2-16-37
Lateral sinus thlombosis	2-14-37
Septicemia	3-7-37
? Meningitis non-epidemic	?

Other contributory causes of importance:

Was an operation performed? Yes Date of 2-20-37

For what disease or injury? Mastoiditis, acute lt.

Name of operation Simple maitaidectomy, lt.

What test confirmed diagnosis? X-ray, Spinal tap, Blood culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Douglas Chamberlain

(Address) Johns Hopkins Hosp.

33666 F 33666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward) 20

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Annie E. Olsen.

If U. S. Veteran specify WAR No Record

(a) Residence: No. 6207 Reisterstown Rd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of: Luther Olsen

6. DATE OF BIRTH (month, day, year): Dec 9th 1844

7. AGE: Years: 92 | Months: 3 | Days: 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Alexander Zachary

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Mitchely Zachary

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: John H. Risch

(Address): 520 S. Eutaw St

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Mar 22nd 1937

19. UNDERTAKER: Wm Cook

(Address): 1217 St. Paul St

20. FILED ..... 19..... Registrar.

MAR 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/20/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 3/18/37. 19 to 3/20/37. 19

I last saw h[illegible] alive on 3/20/37. 19 Death is said to have occurred on the date stated above, at 10.20 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 3/17/37

Other contributory causes of importance:

Cortico-sclerotic C-V disease

Senility.

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Josiah A. Hunt M. D.

(Address) Md. Gen. Hosp.

F 33667

HEALTH DEPARTMENT---CITY OF BALTIMORE

F 33667

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amos Wilkins

If U. S. Veteran specify WAR

(a) Residence: No. 2039 Madison Av. St., ... Ward. M-7

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 27, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William H Wilkins

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Lillie Wilkins

(Address) 2039 madison ave

18. BURIAL, CREMATION, OR REMOVAL

Place Antietam Memorial Date 3/21 1937

19. UNDERTAKER Archibald G. Gaddis

(Address) 210 N. Carey St.

20. FILED 19 Registrar

MAR 21 1937 [illegible] Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1937 to March 19, 1937

I last saw him alive on March 19, 1937 Death is said to have occurred on the date stated above, at 3:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Raymond J. Lipin, M. D.

(Address) Mercy Hospital.

33668 F 33668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 210-M

1. PLACE OF DEATH Franklin Square Registered No.

CITY OF BALTIMORE: (No. 1 St., 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Gertrude Alexander

(a) Residence: No. 108 N Fulmore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fmle	Col	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 1-931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME David Alexander

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Rose Jones

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT David Alexander
(Address) 108 N Fulmore

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date 3/22, 1937

19. UNDERTAKER Chas Holzapfel
(Address) 1200 W Baltimore St

20. FILED ... 19 ...
Registrar

MAR 21 1937

Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/18/1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Fracture skull	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3/18, 19 37

Where did injury occur? In home 108 N Fulmore
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Child fell from window to floor

Nature of injury Fract skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Herbert Kurtz Jr M. D.
Coroner

(Address) 210 N Pk

33669 F 33669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 N. Broadway St. 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 45 yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Goldberg

(a) Residence: No. 11 N. Broadway St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mrs. Sarah Goldberg

6. DATE OF BIRTH (month, day, year) Unknown 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Beef Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beef 0045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Hyman Goldberg

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Esther Moscoblit

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Ira Goldberg

(Address) 11 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship Cemetery Date March 24, 1937

19. UNDERTAKER Sol Levinson Bros.

(Address) 1127 E. Baltimore St.

21 1937 [signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1936, to March 20, 1937

I last saw him alive on March 20, 1937. Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	?
Myocarditis	
Coronary thrombosis	
	2 days

Other contributory causes of importance:

Acute cardiac dilatation

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Benjamin Kadis M. D.

(Address) 2306 Eutaw Place

Ida A Mogul or Ida a Mogalefsky.

33670 F 33670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital 12-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. .....mos. .....ds. How long in U. S. If of foreign birth 30 yrs. .....mos. .....ds.

2. FULL NAME Ida A Mogul or Mogalefsky.

If U. S. Veteran, specify War

(a) Residence: No. 2237 Guilford Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jacob

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 65 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Louis Bressler

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Fannie

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: B. Mogul

(Address) 3224 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 3/21/37

19. UNDERTAKER: Jos Lenz Inc

(Address) 1439 E. Baltimore St

20. FILED ..... 19 ..... Registrar.

MAR 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-20-37. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	
Fractured rt femur - rt humerus etc.	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury March 12 1937.

Where did injury occur? Brest Rd.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home.

Manner of injury Fell down stairway

Nature of injury fractured femur etc.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. V. Engle M. D.

Coroner

(Address) 1010 S. Edmondson Ave.

F 33671

33671 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

11-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1038 W. Lombard St., 16-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 3 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Charles X. Howe

If U. S. Veteran specify WAR .....

(a) Residence: No. 1038 W. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 17th. 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME Lyman C. Howe

14. BIRTHPLACE (city or town) Balto. Md.
(State or country)

MOTHER

15. MAIDEN NAME Mary E. Mc. Hugh

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

17. INFORMANT Mr. Lyman C. Howe
(Address) # 1038 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peters Cem. Date 3/22/37 19

19. UNDERTAKER John J. Cowan & Son
(Address) # 901 Hollins St.

20. FILED ..... 19 ..... [signature]

21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/20/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/17/37 to 3/20/37

I last saw h... alive on 3/20/37, 19... Death is said to have occurred on the date stated above, at 2.00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Grippe	3/17/37
Cardiac Insufficiency	3/20/37

Other contributory causes of importance:

Was an operation performed? ..... Day of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, [illegible]

(Signed) Stephen D. Moore M. D.

(Address) [illegible]

M. D. F 1265-9

F 33672

F 33672 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3005 Presbury St 15-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emily V. Bain,

(a) Residence: No. 3005 Presbury St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John F. Bain,

6. DATE OF BIRTH (month, day, year) January 1. 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME Dan Billmyer,

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

MOTHER

15. MAIDEN NAME Emily Stocksdale,

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT Mrs Edith B. Billmyer,
(Address) 3005 Presbury St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date MAR 23 1937

19. UNDERTAKER Geo W Sittle
(Address) 2700 Edmondson Ave.

20. FILED MAR 21 1937 Arlington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 20 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1937 to Mar 20, 1937

I last saw h alive on Mar 19, 1937 Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteri-sclerosis	1927
Cerebral Hemorrhage	3/19/37

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? P. E. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No - If so, specify

(Signed) Tommy H. Todd M. D.

(Address) 735 N. Fulton Ave.

33673

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33673

11-B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 N. Fulton Ave St. 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William - R - Wilson

(a) Residence: No. 711 N. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April-11-1922

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. off

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Isaac R. Wilson

14. BIRTHPLACE (city or town) (State or country) Kent County Maryland

MOTHER

15. MAIDEN NAME Susanna C. Taylor

16. BIRTHPLACE (city or town) (State or country) Kent County Maryland

17. INFORMANT Isaac R. Wilson

(Address) 711 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date 3-22-37

19. UNDERTAKER Jos. F. B. Hilpert & Son

(Address) Baltimore Place

20. FILED 19

MAR 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1937 to Mar 18, 1937

I last saw him alive on Mar. 17, 1937 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	
Other contributory causes of importance: Acute Myocarditis.	

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Thos. E. Shannon M. D.

(Address) 700 N. Fulton Ave

E 33674

HEALTH DEPARTMENT—CITY OF BALTIMORE

33674

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2403 E Madison St., 7-23 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Martina Bosse

If U. S. Veteran specify WAR .....

(a) Residence: No. 2403 E Madison St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry W Bass

6. DATE OF BIRTH (month, day, year) April 18-1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry B Vonstieg.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Tragesser

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Mildred Bass

(Address) 2403 E Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date March 23 1937

19. UNDERTAKER Lahr Ullrich

(Address) 200 E Preston

FILED 2T 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19. 1937

22. I HEREBY CERTIFY, That I attended deceased from November 12, 1933, to March 19, 1937.

I last saw her alive on March 18, 1937. Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none

What test confirmed diagnosis? Sputum exam. none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Joseph Pokorny M. D.

(Address) 2200 E Madison St

Weber F 33675

33675 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

92-a

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 N Glover st St., 7-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Minnie Weber

(a) Residence: No. 611 N Glover st St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edmund Feber

6. DATE OF BIRTH (month, day, year) Sept 6 th 6 th

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Von Feine

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Isabelle Jordan

(Address) 611 N Glover St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 22 1937

19. UNDERTAKER John Ulrich

(Address) 201 E Lanvale

20. FILED ..... 19 ..... Registrar.

MAR 21 1937 Washington Metropolis, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 37 to March 19 37

I last saw h[illegible] alive on March 19 37 Death is said to have occurred on the date stated above, at [illegible] p.m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Mitral Regurgitation (Chronic)	4 mo
Other contributory causes of importance: Acute Cardiac Dilatation	1 dy

Was an operation performed? 0 Date of .....

For what disease or injury? .....

Name of operation 0

What test confirmed diagnosis? 0 Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 0 Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

Worsham

F 33676

HEALTH DEPARTMENT—CITY OF BALTIMORE

33676

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George W. Worsham Jr.

(a) Residence: No. 822 Beaumont Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mrs. Lilly Worsham

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Publicity Mgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8056

10. Date deceased last worked at this occupation (month and year) May 1937

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER FATHER

13. NAME Geo. W. Worsham Sr

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Anna Hilt

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date March 23, 1937

19. UNDERTAKER John Ullrich
(Address) 200 E Preston

20. FILED ..... 19..... Registrar.

MAR 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 16, 1937 to Mar. 20, 1937

I last saw him alive on Mar. 20, 1937. Death is said to have occurred on the date stated above, at 9:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3/16
Other contributory causes of importance: Arteriosclerotic C-V disease ?	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Raymond Watson M. D.

(Address) Mercy Hospital

F 33677

33677 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 21836 95-B

Registered No. 9-5

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospts. St. (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Alice Ginter
(a) Residence: No. 1141 Gorsuch Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-11-1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER
13. NAME Francis (D)
14. BIRTHPLACE (city or town) Pa.
(State or country)

MOTHER
15. MAIDEN NAME Sara Stagers
16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date Mar 23, 1937
Gate Elmer Cemetery Elmer F. Conkling
19. UNDERTAKER (Address) 924 E. Eager St.

20. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1937, to March 20, 1937.
I last saw her alive on March 20, 1937. Death is said to have occurred on the date stated above, at 10.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	3-6-37
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation Clinical
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) H. A. de Santalla M. D.
(Address) Baltimore City Hospitals.

F 33678

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33678

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3115 Baker St St., 16-7 Ward)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 79 yrs. 1 mos. 13 ds.

2. FULL NAME Mary Ann Disney

If U. S. Veteran specify WAR None

(a) Residence: No. 3115 Baker St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Feb 6 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) A A Co. Maryland

FATHER

13. NAME Wm. J. Disney

14. BIRTHPLACE (city or town) (State or country) A A Co. Md.

MOTHER

15. MAIDEN NAME Donas Downs

16. BIRTHPLACE (city or town) (State or country) A A. Co. Md

17. INFORMANT Mr Edw. A. Disney

(Address) 3115 Baker St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mar. 22 19 37

19. UNDERTAKER Stewart & Company

(Address) 108 W Mosher Ave.

20. FILED ..... 19..... Registrar.

MAR 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 18. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5. 37 to Mar 18. 1937

I last saw her alive on Mar 18 1937 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Old age	
Other contributory causes of importance: Chronic Myocarditis	Jan. 37
Chronic Bronchitis	several

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Herbert C. Blake, M. D.

(Address) Med Arts Bldg.

33679 HEALTH DEPARTMENT—CITY OF BALTIMORE 33679

CERTIFICATE OF DEATH

135

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 500 Edgevale Rd St., 26-13 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 89 yrs. 6 mos. 8 da. How long in U. S. If of foreign birth 89 yrs. 6 mos. 8 da.

2. FULL NAME John Victor Neurath

If U. S. Veteran specify WAR NONE

(a) Residence: No. 500 Edgevale Rd St., 26 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Marie Neurath

6. DATE OF BIRTH (month, day, year) Sept-12-1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
88	89	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) work

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Ernst Neurath

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs Anna M. Neurath

(Address) 500 Edgevale Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Washington D.C. Date March 22/37

19. UNDERTAKER Stewart Memorial

(Address) for Williams

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20 1937

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1936 to March 20, 1937

I last saw him alive on March 20, 1937. Death is said to have occured on the date stated above, at 11.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cystitis	6 yrs
Other contributory causes of importance Pneumonia Lobular	4 days

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Hines C. Clarke, M. D.

(Address) Freeway apts.

MAR 21 1937

M. D. H. 1268-9

33680 E 33680

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 W. Mulberry St., 4-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth 40 yrs. mos. ds.

2. FULL NAME Der Lung No War Service

(a) Residence: No. 209 W. Mulberry Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Yellow	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single

6. DATE OF BIRTH (month, day, year) about 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 64	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) Canton
(State or country) China

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) Not Known
(State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known
(State or country)

17. INFORMANT Willie Chin (friend)
(Address) 310 Park Avenue, City

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date March/22/37

19. UNDERTAKER Stewart & Mowen Company
(Address) 108 W. North Avenue

20. FILED 21 1937 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19. 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19.....

I last saw h Inquiry alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Probably Cerebral Hemhorrhage

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide [illegible] Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify [illegible]

(Signed) [illegible] M. D.
Coroner

(Address) 2757 W. Lanvale

M. D. B. 1268-9

F 33681

F 33681 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. - 314 Chester Ave St. 12-3 Ward)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Earnest S. Malone

(a) Residence: No. 314 Chester Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of - Mrs. Margaret Malone

6. DATE OF BIRTH (month, day, year) - June 12, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. - Night Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. - Y. M. C. A. 0030

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) - Salisbury, Md.

FATHER

13. NAME - Edwin Malone

14. BIRTHPLACE (city or town) (State or country) Salisbury, Md.

MOTHER

15. MAIDEN NAME - Mrs. Brussels

16. BIRTHPLACE (city or town) (State or country) - Salisbury, Md.

17. INFORMANT Mrs. Margaret Malone

(Address) 314 Chester Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Salisbury Md Date March 21, 1937

19. UNDERTAKER George L. Lowndes

(Address) 201 Frederick Ave

20. FILED 3-21-1937 Washington Co. Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) - March 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21st. 1936 to March 20 1937

I last saw him alive on March 20 1937 Death is said to have occurred on the date stated above, at 11.02 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
-	
Coronary Thrombosis	3/20/37
Hypertensive and Arterio Sclerotic Heart Disease	5 yrs (?)
Other contributory causes of importance:	
Generalized Arterio Sclerosis	?

Name of operation No. Date of

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Earl L. Chambers M. D.

(Address) 4108 Liberty Hts. Ave.

33682 F 33682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH Provident Hospital St. 14 Ward 13

CITY OF BALTIMORE: (No. 1512 Division Lisbon

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Winfield Thomas

If U. S. Veteran specify WAR

(a) Residence: No. 2101 Druid Hill St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha L. Thomas

6. DATE OF BIRTH (month, day, year) March 11 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 6045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Joseph Thomas

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Maud Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Bertha L. Thomas (wife)

(Address) 2101 Druid Hill

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 3-22-37

19. UNDERTAKER John M. Dolman

(Address) 1700 Druid Hill Ave.

20. FILED MAR 21 1937 Harrington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1937 to March 19, 1937

I last saw h. alive on March 19, 1937 Death is said to have occurred on the date stated above, at 2:50 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Bronchopneumonia — Date of onset 1 month

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, where?

(Signed) Rowland Higgins, M. D.

(Address) 2243 Madison Ave

33683 ✓ F 33683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH Notre Dame of Maryland — Registered No. .....

CITY OF BALTIMORE: (No. North Charles Street St. ..... Ward) 27-11

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. 4 mos. 26 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Theophora Foley — If U.S. Veteran specify WAR .....

(a) Residence: No. Notre Dame of Maryland St. N. Chas. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 23, 1853

7. AGE 83 Years	Months 11	Days 24 26	If LESS than 1 day, ..hrs. or ..min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Teaching 0068

10. Date deceased last worked at this occupation (month and year) March 13, 1937

11. Total time (years) spent in this occupation 67 yrs

12. BIRTHPLACE (city or town) (State or country) Madison, Indiana

MOTHER FATHER

13. NAME James M. Foley

14. BIRTHPLACE (city or town) (State or country) Dingle, County Kerry, Ireland

15. MAIDEN NAME Bridget E. Murtaugh

16. BIRTHPLACE (city or town) (State or country) Cara Castle, County Mayo, Ireland

17. INFORMANT Sister Mary Alba

(Address) Notre Dame of Maryland

18. BURIAL, CREMATION, OR REMOVAL Burial

Place Notre Dame Balto., Maryland Date March 22, 1937

19. UNDERTAKER George M. Fink & Son

(Address) 811 N. Wolfe Street, Balto.

R 21 1937 [signature] Registrar

3/14/37

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 19th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1937 to Mar 19, 1937

I last saw him alive on Mar 19, 1937 Death is said to have occurred on the date stated above, at 10:34 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	
Other contributory causes of importance:	
Arteriosclerosis &	
Chronic Endocarditis	

Was an operation performed? — Date of .....

For what disease or injury? .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. Smith, M. D.

(Address) 4706 Hopkins Place

33684 F 33684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 S. EATON ST. St., 46-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME THOMAS E. GILLEASE

If U. S. Veteran specify WAR

(a) Residence: No. 815 S. EATON ST. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ELIZABETH GILLEASE

6. DATE OF BIRTH (month, day, year) JAN 14/1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer 1011

9. Industry or business in which work was done, as mill, mine, saw mill, bank, etc. Baltimore Copper Works

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

FATHER

13. NAME JAMES GILLEASE

14. BIRTHPLACE (city or town) (State or country) BALTO. MD.

MOTHER

15. MAIDEN NAME ANNA HENLEIN

16. BIRTHPLACE (city or town) (State or country) BALTO. MD.

17. INFORMANT ELIABETH GILLEASE. (WIFE)
(Address) 815. S. EATON ST.

18. BURIAL, CREMATION, OR REMOVAL
Place OAK LAWN Date MAR. 22 1937

19. UNDERTAKER Fillo & Speliotopoulos
(Address) 402 S. WOLFE ST.

20. FILED 19 Registrar.

MAR 21 1937 Huntington Wallace, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR. 18 1937

22. I HEREBY CERTIFY, That I attended deceased from March 4 1937 to March 17 1937

I last saw him alive on March 17 1937. Death is said to have occurred on the date stated above, at 4/30am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Sudden
Pneumonia (Tuberculous)	2 wks ago
Other contributory causes of importance:	
Chronic Pulmonary Tuberculosis	Sept 1936
Potts Disease.	6 mos
	6 mos.

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Frank D'Virgilio M. D.

(Address) 213 S. Conkling St

M.D.B. 33685

✓ F 33685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2908 O DONNELL ST. St. 1-L Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME WILLIAM WAUDBY

If U. S. Veteran specify WAR .....

(a) Residence: No. 2908 O DONNELL ST. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	?

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) AUG. 18/1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	68	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. WPA. WORKER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

FATHER

13. NAME ROBERT WAUDBY

14. BIRTHPLACE (city or town) (State or country) BALTO. MD

MOTHER

15. MAIDEN NAME ELIZABETH ?

16. BIRTHPLACE (city or town) (State or country) BALTO. MD.

17. INFORMANT MRS. WAUDBY (SISTER.
(Address) 2908 O DONNELL ST.

18. BURIAL, CREMATION, OR REMOVAL
Place MT. CARMEL Date MAR. 22 1937

19. UNDERTAKER Lally & Zeiler Inc.
(Address) 403 S. WOLFE ST.

20. FILED ..... 19 ..... Registrar.

MAR 2 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR. 19 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular sclerosis	

Other contributory causes of importance: Probably Coronary embolism

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. W. Wright Coroner, M. D.

(Address) 1015 - 3 Eutaw Pl

33686 E 33686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

33686 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4200 HARDFORD RD. St., 9-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME CATHERINE MOLLER

(a) Residence: No. 4200 HARDFORD RD. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	SINGLE

8a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) DEC 1 /1860

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
76	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ATHOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) NEW YORK CITY N.Y.

FATHER

13. NAME ANDERW MOLLER.

14. BIRTHPLACE (city or town) (State or country) NEW YORK CITY N. Y.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT MR. MOLLER (BROTHER)
(Address) 4200 HARDFORD RD.

18. BURIAL, CREMATION, OR REMOVAL
Place HOLY REDEEMER Date MAR. 22 1937

19. UNDERTAKER Lilly & Feiler Inc
(Address) 403 S. WOLFE ST.

20. FILED , 19 Registrar

MAR 21

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1936 to March 19 1937

I last saw h alive on March 19 1937 Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchopneumonia.	1934
Nephritis	1935
Tumor Rt kidney	1936
Advanced arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury?

Name of operation none Was there an autopsy? no

What test confirmed diagnosis? clinical

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no. If so, specify

(Signed) L. L. Gordy M. D.

(Address) 5106 Harford Rd.

O.K. - Paul Schreiber, M.D. 33687

33687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. 8-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1326 N. Chester St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Wesley McAfee

If U.S. Veteran specify WAR

(a) Residence: No. 1326 N. Chester St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine R. McAfee

6. DATE OF BIRTH (month, day, year) April 10-1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91	11	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1943

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md

13. NAME John McAfee

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Sophia Walters

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Alice McAfee

(Address) 1326 N. Chester St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem. Date Mch 22 1937

19. UNDERTAKER George W. Zinkler

(Address) 1737 E. Eager St.

20. FILED 21 1937 Harrington, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1937 to March 19, 1937

I last saw him alive on March 19, 1937 Death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture 5th & 6th ribs, L.	3/11/37
Pleurisy Pleural	3/13/37
Pneumonia Lobar Lower L.	3/15/37
Other contributory causes of importance:	
Was Confined Indoors (Aged)	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/11 1937

Where did injury occur? In his yard - While Cleaning gutters
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place Accident occurred in his back yard while he was Cleaning out tin trough - He slipped & fell injuring himself

Manner of injury sustained & fractured ribs

Nature of injury Fracture 5 ribs

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. W. Kenyon M. D.

(Address) 1812 N. Charles.

33688 ✓ F 33688

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3410 Toone St. 76-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 75 yrs. ... mos. ... ds.

2. FULL NAME Robert Jenkins

If U.S. Veteran specify WAR ... No

(a) Residence: No. 3410 Toone St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Jenkins

6. DATE OF BIRTH (month, day, year) April 11-1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engineer Retired 1930

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Amer. Smelting + Refining Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Wales

FATHER

13. NAME Robert Jenkins

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Mary Davis

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Rosa Jenkins

(Address) 3410 Toone St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date Mch 23 1937

19. UNDERTAKER George W. Zipfler

(Address) 1737 E. Eager St

MAR 21 1937 19 ... Registrar.

Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1937, to March 19, 1937

I last saw him alive on Mar 19 1937. Death is said to have occurred on the date stated above, at 9-45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Hypertrophied Prostatis	
La Grippe	Mar 2 '37
Uremia	Mar 14 '37
Other contributory causes of importance:	
	Coma

Was an operation performed? None Date of ...

For what disease or injury? ...

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? None If so, specify ...

(Signed) E. Schmidt M. D.

(Address) 842 S. Ewald Ave.

F 33689

33689 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

162

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1909 E. Eager St., N-W Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. 6 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR Indian War

2. FULL NAME William Bell

(a) Residence: No. 1909 E. Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single

7. DATE OF BIRTH (month, day, year) Aug 25. 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	6	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

13. NAME Walter Bell

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Mary Miller

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Alice Bell

(Address) 1909 E. Eager St.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date Mch. 23, 1937

19. UNDERTAKER George W. Zirkle

(Address) 1737 E. Eager St.

20. FILED 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1937 to March 20, 1937

I last saw h[illegible] alive on Mar 20, 1937 Death is said to have occurred on the date stated above, at 8 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Senile Debility	
Other contributory causes of importance:	
General Weakness	

Was an operation performed? Date of

For what disease or injury? No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter W White Jr M. D.

(Address) 2800 St Paul St

Spec.—2-29-28—L. F. S.—500 Bks.

F 33690 ✓ F 33690

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3176 Harview Ave ST. 27-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frederick Francis Berghoff

(a) RESIDENCE NO. 3176 Harview Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 4 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Sarah Berghoff.

6 DATE OF BIRTH (month, day, and year) Nov. 19, 1876

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	4	-	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk. 0009

(b) General nature of industry, business, or establishment in which employed (or employer) Railroad terminal Frt. Pr

(c) Name of employer Baltimore & Ohio R.R.

8 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Anthony Berghoff

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna Voorteg

13 BIRTHPLACE OF MOTHER (city or town) Hanover
(State or country) Germany.

14 Informant Mrs. Joseph Bammond, sister.
(Address) Fenning, Md

15 Filed ..... Clinton Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19, 1937.

17 I HEREBY CERTIFY, That I attended deceased from March 18, 1937, to March 19, 1937, that I last saw h.. alive on March 19, 1937 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis: hypertension

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Physical examination

(Signed) E. Wilson Siedel, M. D.

, 19 (Address) 5179 Harford Road Baltimore, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Harford Rd)

DATE OF BURIAL 3/23 1937

20 UNDERTAKER C. Norman Lemmon

ADDRESS 4611 Pk. Heights Ave

33691 E 33691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2801 N. Calvert St., 12-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward A. Meixner
If U. S. Veteran specify WAR

(a) Residence: No. 2801 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 15-1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Confectionery
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 0019

12. BIRTHPLACE (city or town) (State or country) Dayton Ohio

FATHER

13. NAME Valentine Meixner
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Shad
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Lena Meixner
(Address) 2801 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Dayton Ohio Date Mar 23, 37

19. UNDERTAKER John A. Treaor
(Address) 3000 E. Baltimore St.

20. FILED Huntington Williamsburg, W. Va.
MAR 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1936, to March 20, 1937.
I last saw him alive on Mar 8, 1937. Death is said to have occurred on the date stated above, at 3 a.m.(?)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	?
Congestive Failure	Nov, 1936
Angina Pectoris	Jan 1931 ?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. Nelson Cole, M. D.

(Address) 1014 Fort Ave

F 33692

33692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

6-292-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 432 N Kenwood Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth (Lizzie) Louderslager

(a) Residence: No. 432 N Kenwood Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 26-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Feldpusch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Wecker

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Jennie Daly
(Address) 2329 E Hoffman St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem. Date 3/22 37

19. UNDERTAKER Edward Foulger
(Address) 2317 Wash Blvd

20. FILED 19
Registrar

R 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/19/37 19

22. I HEREBY CERTIFY, That I attended deceased from 2/1/37 19 37 to 3/19/37 19 37

I last saw h alive on 3/18/37 19 37 Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron. Valv. Heart Dis	?
" arthritis.	
Sepsis	2/18/37

Other contributory causes of importance:

Obesity Dilatation Heart

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C H Heyer M. D.

(Address) 1522 E. 33rd St

M. D. F. 1268-9

F 33693

33693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

Registered No. 21-1-

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 Russel St. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Brendel.

(a) Residence: No. 1015 Russel St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank E. Brendel.

6. DATE OF BIRTH (month, day, year) June 30/1877.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore. (State or country) Md.

FATHER

13. NAME John A. Spellerberg.

14. BIRTHPLACE (city or town) Germy. (State or country)

MOTHER

15. MAIDEN NAME Margaret Rehker

16. BIRTHPLACE (city or town) Germy. (State or country)

17. INFORMANT Frank E. Brendel.
(Address) 1015 Russel St.

18. BURIAL/CREMATION, OR REMOVAL
Place London Park Date March 24th 1937

19. UNDERTAKER Eschlemeyer & Son
(Address) 1639 Hanover St.

FILED MAR 21 1937 Harrington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/20 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/18 1933 to 3/20 1937

I last saw h.er alive on 3/20/37 19..... Death is said to have occurred on the date stated above, at 10.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	3/18/37
Other contributory causes of importance: Progressive Muscular Atrophy	5 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Joseph H. Lankaitis M. D.

(Address) 699 Washington Blvd

F 33694

M. D. B 1268-9

F 33694 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 207-7

1. PLACE OF DEATH Mt Royal Tunnel 20-4
CITY OF BALTIMORE: (No. ..... St. 20-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME George Kenneth Clarke

(a) Residence: No. 2641 Hafer St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nattie Sipes Clarke

6. DATE OF BIRTH (month, day, year) May 11 1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
31	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Signal man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R.

10. Date deceased last worked at this occupation (month and year) Mch. 3 1937

11. Total time (years) spent in this occupation 13 Yrs

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Linwood Clarke

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Katie Hankins

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Nattie Sipes Clarke
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olive (Randalls Mem. Date Mar. 23 1937

19. UNDERTAKER Dep. H. Cook
(Address) 1005 West Balto. St.

20. [illegible] Washington Williams NP
Registrar

R 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 20 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
to ..... death on the day stated above. 12 45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture skull	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Acc. Date of injury 3/20 1937

Where did injury occur? R.R. Tunnel
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury Struck by R.R. Train

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Railroad Trade

(Signed) C. Mann Kramer M. D.
Coroner

(Address) 1215 Hanover St.

F 33695 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33695

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2425 Harlem Ave. St. 16-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME C. Louise Dantz

If U.S. Veteran specify WAR .....

(a) Residence: No. 2425 Harlem Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Dantz

6. DATE OF BIRTH (month, day, year) Oct 13 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Phillip Peppler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Snyder

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. John Ewell

(Address) 2425 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date March 25 19 37

19. UNDERTAKER Robert H. Cook

(Address) 1096 W. Baltimore St.

20. FILED 22 1937 Lexington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19 . 19 37

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 . 19 36 to March 19 . 19 37

I last saw her alive on March 19 . 19 37. Death is said to have occurred on the date stated above, at 9.10P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Arteriosclerotic Heart Disease - Partial Heart Block	2
Lobar Pneumonia	March
Other contributory causes of importance: Chronic Cystitis	1935

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert J. Herbst M. D.

(Address) 2302 Edmondson Ave.

F 33696 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33696

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2012 E. Franklin St. 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George E. R. King

If U. S. Veteran specify WAR

(a) Residence: No. 2012 E. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Annie King

6. DATE OF BIRTH (month, day, year) July 7, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 1013

10. Date deceased last worked at this occupation (month and year) 40 years

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Annapolis
(State or country) Maryland

FATHER

13. NAME George King

14. BIRTHPLACE (city or town) Annapolis
(State or country) Maryland

MOTHER

15. MAIDEN NAME Mary E. Hopkins

16. BIRTHPLACE (city or town) Annapolis
(State or country) Maryland

17. INFORMANT Mrs. George E. R. King
(Address) 2012 E. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olive Cemetery Date March 22 1937

19. UNDERTAKER Wood H. Cook
(Address) 1003 E. Baltimore St.

MAR 22 1937 Lexington Whitehurst, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1-37, 19, to March 19-37, 19

I last saw him alive on March 18-37, 19. Death is said to have occurred on the date stated above, at 3.50A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	about March 1/37

Other contributory causes of importance:

arteriosclerosis about 1927

Carbuncle on back of neck about Feb. 20/37

Was an operation performed? No Date of

For what disease or injury?

Name of operation none requested Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify

(Signed) Walter Dorbatt M. D.

(Address) 2220 Garrison Blvd.

33697. F. 33697.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 12-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geneva Peinour

If U.S. Veteran specify WAR .....

(a) Residence: No. St. Paul Court Apts. 3120 St Paul St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Beverly U. Peinour

6. DATE OF BIRTH (month, day, year) March 24, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Utah Cheney

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Rebecca Shandorff

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Miss Maude Peinour

(Address) St. Paul Court Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Date 3/22/37. 19

19. UNDERTAKER Harry A. Little & Co.

(Address) 401 E. Madison St.

20. FILED .....19..... Registrar.

MAR 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19. 1937.

22. I HEREBY CERTIFY, That I attended deceased from March 16. 1937. to March 19, 1937.

I last saw her alive on March 19 1937. Death is said to have occurred on the date stated above, at 11:40 a.m..

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio-vascular disease with fibrillation.	
Pulmonary infarct.	
Other contributory causes of importance:	
Bilateral pulmonary tuberculosis.	
Paralysis of recurrent laryngeal nerve.	

Was an operation performed? No. Date of .....

For what disease or injury? .....

What test confirmed diagnosis? C.L. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) John A. Myers M. D.

(Address) Church Home & Inf.

F 33698

33698 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 16768

CERTIFICATE OF DEATH

95-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 14-7 Ward) 42

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Candace Brown

(a) Residence: No. 626 Pitcher St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert

6. DATE OF BIRTH (month, day, year) 12/25/1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Virginia Coles

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Memorial Date 3/21/37

19. UNDERTAKER Mrs. George F. Holland
(Address) 163 Druid Hill Ave

20. FILED ... 19 ... Registrar

MAR 22 1937 Clayton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 30, 1936, to March 19, 1937.

I last saw her alive on March 19, 1937. Death is said to have occurred on the date stated above, at 7.08 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. R. De Santelle M. D.

(Address) Baltimore City Hospitals

33699 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 33699

CERTIFICATE OF DEATH

53E 18780

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 26-12 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 2 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph L. Johnson — If U. S. Veteran specify WAR

(a) Residence: No. 410 Taylor Avenue, Catonsville St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elsie B. Johnson

6. DATE OF BIRTH (month, day, year) 1-27-1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Johnson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Harmon - Catonsville Date 3/22/37

19. UNDERTAKER Mrs George A. Holland (Address) 163 Edmondson Ave

20. FILED Huntington Pittsburgh Pa. 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1936 to March 20, 1937

I last saw him alive on March 20, 1937. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple myeloma	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hale Santelle M. D.

(Address) Baltimore City Hospitals

33700 E 33700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Hos. St. 15-E Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Marie a. Price

If U.S. Veteran specify WAR

(a) Residence: No. 2703 Roslyn St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feby. 16. 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. cond

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm. T. B. Price

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Ella Virginia Madison

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mr. Wm. Booth Price

(Address) 2703 Roslyn Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Mch. 22, 1937

19. UNDERTAKER John D. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED MAR 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1937, to March 20, 1937

I last saw her alive on March 20, 1937. Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Larynx — Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. L. Culberman M. D.

(Address) Church Home & Infr.

33701 E 33701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2610 Elsinore Ave. St., 15-8 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME RIDGAWAY MERRYMAN

(a) Residence: No. #2610 Elsinore Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of SUSAN P. TAYLOR

6. DATE OF BIRTH (month, day, year) Oct 17, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. yards

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

FATHER

13. NAME JOSEPH MERRYMAN

14. BIRTHPLACE (city or town) (State or country) Balto. CO. MD.

MOTHER

15. MAIDEN NAME MARTHA GRAY

16. BIRTHPLACE (city or town) (State or country) BALTO. CO. MD.

17. INFORMANT EDWARD W. MERRYMAN
(Address) 118 Oakdale Road, Catonsville

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Mch. 22. 1937

19. UNDERTAKER John Mitchell & Son
(Address) 1900 Eutaw Place

20. FILED ..... 19 ..... Registrar.
22 1937 ..... Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1/37, 19..., to March 19/37, 19...

I last saw him alive on March 19, 1937. Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

Angina - pectoris — Date of onset ..... about Feb 1/37

Other contributory causes of importance: arterio - sclerosis — about 1928

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Give city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Signed) Walter D. Dublith M. D.

(Address) 2220 Garrison Boulevard

F 33702

33702 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

19876 / 33

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Canby

(a) Residence: No. 10 N. Pearl St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mildred Canby

6. DATE OF BIRTH (month, day, year) 1-23-1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
42	41	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. poor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Harry

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Louise ?

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Memorial Park Date Mar 22 1937

19. UNDERTAKER John Ulrich
(Address) 2008 Ashburton

20. FILED MAR 22 1937 Thurlington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-31, 1937 to 3-19, 1937

I last saw him alive on 3-19, 1937 Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

Pyelonephritis — Date of onset 2 [illegible]

Other contributory causes of importance:

Was an operation performed? yes Date of 3-18-37

For what disease or injury? Pyelonephritis

Name of operation pyelogram.

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. Hoover M. D.

(Address) Balt. City Hosp.

M. D. B 1268-9

F 33703

F 33703 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 645 W. Lombard St. St., 4th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Emma V. Duvall or Lyman

If U. S. Veteran specify WAR

(a) Residence: No. 645 W. Lombard St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Duvall

6. DATE OF BIRTH (month, day, year) 1857

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. N. W. 057

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME ?. Allen

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Herbert Lymann

(Address) 408 N. Palm St Burbank Cal.

18. BURIAL, CREMATION, OR REMOVAL

Place Oakdawn Cem Date 3/12/37, 19

19. UNDERTAKER Barrie S. Davis

(Address) 3418 Chestnut Ave.

20. FILED 19 Registrar

R 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows: | Date of onset

Diabetes

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. R. Carter M. D.

Coroner

(Address) 2757 W. Lom

33704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C F 33704

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5700 Sefton Ave., St., Hamilton Ward) 43

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Susie C. Leonard

(a) Residence: No. 3615 Brehms Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas F. Leonard

6. DATE OF BIRTH (month, day, year) Apr. 3, 1884

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	52	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Co., Md.

FATHER

13. NAME Achilles Ford

14. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

MOTHER

15. MAIDEN NAME Susan Carrick

16. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

17. INFORMANT Mrs. Wm. E. R. Harden
(Address) 5700 Sefton Ave.,

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Mar. 22, 37

19. UNDERTAKER John F. Denny
(Address) 75 Light St.

20. FILED MAR 22 1937 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/5, 1937 to 3/19, 1937

I last saw her alive on 3/19, 1937 Death is said to have occurred on the date stated above, at 10, m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

Other contributory causes of importance: Cardiac Decompensation

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edwin Foley M. D.

(Address) 5703 Harford Rd

F 33705

33705 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Katie Siegel.

(a) Residence: No. 1446 Marshall St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Do not know.

6. DATE OF BIRTH (month, day, year): Do not know.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 80	----------		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: Do not know

14. BIRTHPLACE (city or town) (State or country): Do not know

MOTHER

15. MAIDEN NAME: Do not know.

16. BIRTHPLACE (city or town) (State or country): Do not know.

17. INFORMANT: Emma Plaine.
(Address): 1446 Marshall St.

18. BURIAL, CREMATION, OR REMOVAL: Holy Cross a&b Date 3-22 1937

19. UNDERTAKER: Bernard C. Harle
(Address): 121 E West St.

Filed ... 19... Registrar

R 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 17, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Scleroisi.	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Otto Ruhrah, M. D. Coroner

3/26/37 (Address) 1017 S. Charles St.

F 33706 Skipper F 33706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-D

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 607 Primrose Ave St., 50 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Sadie E. Skipper

(a) Residence: No. 607 Primrose Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Skipper

6. DATE OF BIRTH (month, day, year) Sept 7th. 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME William Jones

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Rob Hoffman

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Parker V. Skipper
(Address) 607 Primrose Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar. 22 1937

19. UNDERTAKER George L. Lutchmat.
(Address) 512 Fredrick ave.

20. FILED Mar 22 1937 for Wilmington, Del.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22nd, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above 8.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho - Pneumonia	One Week

Other contributory causes of importance:
Paralysis of right side, One Year

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Thos. H. Phillips, M. D.
Coroner

(Address) 1939 Edmondson Ave.

MAR 22 1937

F 33707

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33707

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital — Registered No. 21857

CITY OF BALTIMORE: (No. ..... St., 16 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Peter Lamonde (Pierre Levy) — If U. S. Veteran specify WAR ...

(a) Residence: No. 1019 Huntley St St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jacob —

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Linda ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Mrs Rosalie 1420 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date 3/22/37

19. UNDERTAKER Jos. Levy Sons (Address) 1135 E Fayette St

20. FILED 3-22-1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/2, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Hemorrhage	3/1/37
Fever	

Other contributory causes of importance:

Was an operation performed? Yes Date of ...

For what disease or injury? Ileal —

Name of operation — Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? See Date of injury 2/13, 1937

Where did injury occur? Upper Pt Breeze & Fleet (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury Struck by auto while crossing

Nature of injury Fract —

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Nelson Hunter Coroner, M. D.

(Address) 917 N. Eutaw

V S 6

F 33708 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 33708

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 1-5 Ward)

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wilhelmina E. Steigerwald

If U. S. Veteran specify WAR .....

(a) Residence: No. 425 S Madeira St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frances Steigerwald

6. DATE OF BIRTH (month, day, year) Sept 3rd 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Coal Yard

10. Date deceased last worked at this occupation (month and year): 2 days

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John F. Steigerwald

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Anna Seuss

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT: Frances Steigerwald

(Address) 425 S Madeira St

18. BURIAL, CREMATION, OR REMOVAL

Place: St Stanislaus Date: March 23 1937

19. UNDERTAKER: George A Weber

(Address) 765 S Ann St

FILED MAR 27 1937 Clayton Williams Registrar

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/20/37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Wheatley M. D.

Coroner

(Address) 1917 E. North Ave

33709

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33709

CERTIFICATE OF DEATH

23

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 2 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Walter Rakes

(a) Residence: No. 549 W Conway St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 12, 1905

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
32	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Solver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Charles Rakes

14. BIRTHPLACE (city or town) Eastern Shore (State or country) Maryland

MOTHER

15. MAIDEN NAME Annie Johnson

16. BIRTHPLACE (city or town) Caroline Co (State or country) Va

17. INFORMANT Mary Jones Sister

(Address) 549 W Conway Street

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date March 17 1937

19. UNDERTAKER Joseph A Singley

(Address) 740 W Fayette St

20. FILED ..... 19 ..... Registrar.

MAR 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20. 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14 1937 to March 20 1937

I last saw him alive on March 19 1937 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Hydropneumothorax

Was an operation performed? yes Date of Feb 16, 1937

For what disease or injury? Hemorrhoids

What test confirmed diagnosis? Clin. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) ..... M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3710 ✓ 108 F 33710

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyderhaus Hospital St., 24-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 11 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Robert Mozingo

If U. S. Veteran specify WAR

(a) Residence: No. 614-E. Clement St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 9, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Louis Lunitz

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Lorena Mozingo

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date 3/22/37 19

19. UNDERTAKER Fred. A. Tyrrell & Son
(Address) 5 S. Charles St.

[illegible] for Phillips [illegible]
[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1937 to Mar. 20, 1937

I last saw him alive on Mar. 20, 1937. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Lobar Pneumonia	2/26/37
Empyema	3/12/37
Other contributory causes of importance:	

Was an operation performed? Yes Date of 3/20/37

For what disease or injury? Empyema

Name of operation Thoracotomy

What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Sidney Selman M. D.

(Address) Lyderhaus Hospital

33711 F 33711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital Da 210-M Registered No. 9

CITY OF BALTIMORE: (No. ..... St. 16 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph T. Willinger — If U. S. Veteran specify WAR .....

(a) Residence: No. 1827 Penrhyn Rd St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Hazel Howard Willinger

6. DATE OF BIRTH (month, day, year) 3/5-1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bus. Steward

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Country Cl. 0056

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Geo. F. Willinger

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Gertrude Fiss

16. BIRTHPLACE (city or town) (State or country) Ohio Md

17. INFORMANT Fred Joseph Willinger
(Address) 1827 Penrhyn Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date March 23 1937

19. UNDERTAKER Frank V. Fitzgerald
(Address) 2515 E. Baltimore St.

Filed MAR 22 1937 Deputy for Registrar.

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/20, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Fractured skull	
b	
c	
d	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 3/20, 1937

Where did injury occur? Near Camp Steuart
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by Auto

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Arthur Gourley Coroner, M. D.

(Address) 902 N. Gay St.

33712 F 33712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Laura J. Wood.

(a) Residence: No. 2542 Robb St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Myrle Wood.

6. DATE OF BIRTH (month, day, year) Aug. 15 - 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
	75	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleswoman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store 0066

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Hudson

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Alice Ford.

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Myrtle Wood. (Address) 2542 Robb St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Mar 23, 1937

19. UNDERTAKER Leonard J. Finck (Address) 6205 Belair Rd.

R 22 1937

20. FILED ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 16 1937 to March 22 1937

I last saw h.. alive on March 21 1937 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Confluent	
Lobar Pneumonia	
Other contributory causes of importance:	
Bronchopneumonia	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leonard J. Finck, M. D.

(Address) Mercy Hospital

3

F 33713

33713 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 11-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. W. Balto Gen Hospital St. 15 Ward 6)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Mrs. Emma Korb

(a) Residence: No. 2959 Clifton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	widowed

6a. If married, widowed or divorced HUSBAND of (or) WIFE of William A. Korb

6. DATE OF BIRTH (month, day, year) March 5, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	—	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, saw, etc. bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

PERSONAL FACTS

13. NAME William F. Miller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Arlina Hoerstein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs T. Everling

(Address) 4722 S. Wells St Chicago

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 3-23-37

19. UNDERTAKER Frederick A Cole

(Address) 1200 W Lombard St

20. FILED ..... Registrar.

22 1937

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 3-20-37. 19

22. I HEREBY CERTIFY, That I attended deceased from 3-10-37. 19 . to 3-20-37. 19

I last saw her alive on 3-20-37. 19 . Death is said to have occurred on the date stated above, at 2:43 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intramural Septicemia	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, (specify) .....

(Signed) Reese M. D.

(Address) Univ of Balto Gen'l Hosp

F 33714

F 33714

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-W

Registered No. 19-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1333 W. Lombard St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joan Edith Stalling

(a) Residence: No. 1333 W. Lombard St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 27, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John E. Stalling

14. BIRTHPLACE (city or town) (State or country) Howard County Md.

MOTHER

15. MAIDEN NAME Jennet Griffith

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT John E. Stalling

(Address) 1333 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 3/22/37, 19

19. UNDERTAKER Frederick A. Pole

(Address) 1200 W. Lombard St

22 1937 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 16, 1937, to Mar 19, 1937.

I last saw her alive on Mar 19, 1937. Death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Disseminated Pneumonia	3/6/37
	Over

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C P Rositing M. D.

(Address) 2623 Washington Blvd

33715 F 33715

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 2-8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Hanson

(a) Residence: No. 3715 Hilledale Rd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash. D.C.

MOTHER FATHER

13. NAME Unk

14. BIRTHPLACE (city or town) (State or country) Unk

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Unk

17. INFORMANT Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Wash. D.C. Date 3/24/37

19. UNDERTAKER Gartner & Hyposz Co

(Address) 1300 N. St. N.W. D.C.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 21, 1937 to Mar. 22, 1937

I last saw h/ alive on Mar. 22, 1937 Death is said to have occurred on the date stated above, at 5:32 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive C-V disease	?
Other contributory causes of importance:	
Nephritis	over
Cerebral hemorrhage	3/8

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. T. Freeman, M. D.

(Address) Mercy Hosp

✓ F 33716

33716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2549 McCulloh St., 13-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 4 mos. ..... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Bernard Price

If U.S. Veteran specify WAR .....

(a) Residence: No. 2549 Mc Culloh St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 29 - 1916

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
20	4 3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

MOTHER FATHER

13. NAME Thomas Price

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

15. MAIDEN NAME Elizabeth Jackson

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

17. INFORMANT Louise Jackson

(Address) 2549 McCulloh

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Cem. Date 3/23/37

19. UNDERTAKER Thomas C. Kelson

(Address) 1303 Preston St.

(...) (...) Registrar.

MAR 22 19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 5 . 1936 to March 19 . 1937

I last saw him alive on March 19 . 1937. Death is said to have occurred on the date stated above, at 8:45P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Oct 936
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Jas D Dorsey Jr. M. D.

(Address) 1434 E 23 St.

F 33717 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33717

CERTIFICATE OF DEATH

219508

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Franklin Lewis

(a) Residence: No. 628 N. Bruce St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-6-36

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Nathaniel McGuire

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mary Lewis

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 3/23 37 19

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pleasant St.

20. FILED MAR 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-16, 1937, to 3-19, 1937

I last saw h. alive on 3-19, 1937. Death is said to have occurred on the date stated above, at 2.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Lobar	3-14-37
Other contributory causes of importance: Cardiac Failure	3-18-37

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, state how

(Signed) F. L. Carpenter M. D.
B. C. H.
(Address)

33718 HEALTH DEPARTMENT—CITY OF BALTIMORE 33718

CERTIFICATE OF DEATH

Registered No. 94-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 Lorman St., 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eliza Ingram

If U. S. Veteran specify WAR ...

(a) Residence: No. 1622-15th St (N W) Ward 8th St. Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Westley Ingram

6. DATE OF BIRTH (month, day, year) June 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Weldon N.C.

FATHER

13. NAME Sam Knotts

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Annie Ingram

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Wm Knotts

(Address) 1807 Lorman St

18. BURIAL, CREMATION, OR REMOVAL Place Charlotte N.C. Date 3/22 37

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pressman St.

20. FILED ... 19 37

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3/19/37

Other contributory causes of importance: ...

Was an operation performed? None Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Geo. S. Allen Coroner M. D.

(Address) 58 Arlington St

56

Penna R.R. Penna Flyer

33719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a F 33719

Registered No. 15-10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3905 Forest Park Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? 45 yrs. mos. ds.

2. FULL NAME Jacob Lewenberg.

If U. S. Veteran specify WAR

(a) Residence: No. 3905 Forest Park Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Strauss Lewenberg

6. DATE OF BIRTH (month, day, year) Feby. 12, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Teacher 1068

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kurland, Russia.

MOTHER FATHER

13. NAME Joseph Lewenberg.

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Jos. Lewenberg.

(Address) 3905 Forest Park Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Balto. Heb. Cem. Date Mch. 23, 1937

19. UNDERTAKER Baird Sondheim & Son

(Address) 1902 Eutaw Place

MAR 22 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 7 M., 1925, to 3/22/37, 19....

I last saw h[illegible] alive on 3/22 1937. Death is said to have occurred on the date stated above, at 3.25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/4/37
Thrombosis of Cerebral Vessels	3/5/36
General arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following

Accident, suicide, or homicide? Date of injury 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) [illegible] M. D.

(Address) 2320 Eutaw Place.

33720

F 33720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. 13-1

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Alhambra Apts. 1 J. Lake Drive & Linden Ave. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marx Kahn
If U. S. Veteran specify WAR

(a) Residence: No. Alhambra Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sellie Schoolherr Kahn

6. DATE OF BIRTH (month, day, year) Oct. 30, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Evansville, Ind.

MOTHER FATHER

13. NAME Solomon Kahn

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Clara ----------

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. S. M. Kahn,
(Address) Alhambra Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Oheb Shalom Cem. Date Mch. 23, 1937

19. UNDERTAKER David Gondheim & Son
(Address) 1902 Eutaw Place

22193 [illegible] for [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 11 1931 to March 21 1937

I last saw h[illegible] alive on March 20 1937. Death is said to have occurred on the date stated above, at 6 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute uremia (Autopsy)	1931
Arteriosclerotic heart disease (Myocarditis)	1934
Other contributory causes of importance:	
Pernicious anemia	March 1937

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Louis P. Hamburger, M. D.
(Address) 1207 Eutaw Place

33721 F 33721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth 37 yrs. mos. ds.

2. FULL NAME Mrs Grace Finazzo FINAZZO

If U. S. Veteran specify WAR

(a) Residence: No. 637 W Saratoga St., St., Ward. 1

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sam Finazzo

6. DATE OF BIRTH (month, day, year) Jan 17, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) [illegible]

11. Total time (years) spent in this occupation 39 yrs.

12. BIRTHPLACE (city or town) Italy
(State or country)

MOTHER FATHER

13. NAME Joe Cherrito CERRITO

14. BIRTHPLACE (city or town) Italy
(State or country)

15. MAIDEN NAME Frances Restivo

16. BIRTHPLACE (city or town) Italy
(State or country)

17. INFORMANT Sam Finazzo
(Address) 637 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date March 24 1937

19. UNDERTAKER Frank Della Rose
(Address) 52 N. Morley St.

20. FILED 19 Registrar

22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20 1937

22. I HEREBY CERTIFY, That I attended deceased from March 15 1937 to March 20 1937

I last saw h[illegible] alive on March 15 1937 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malaria Fever	
Bronchopneumonia	
Other contributory causes of importance:	
Acute Bladder	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased?
No If so, specify

(Signed) Raymond L. Tyler M. D.

(Address) Mercy Hospital

F 33722

3722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

123

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Michael P. Fleckenstein

(a) Residence: No. 3110 Juneau Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Viola L Fleckenstein

6. DATE OF BIRTH (month, day, year) July 24th 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Adam Fleckenstein.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Mueller

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs Viola L. Fleckenstein

(Address) 3110 Juneau Place

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cemetery Date March 24 1937

19. UNDERTAKER Flannery Funeral Home Inc.

(Address) 1301 E Eager St

22. 1937 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/21/1937

22. I HEREBY CERTIFY, That I attended deceased from 3/16 1937 to 3/21 1937

I last saw him alive on 3-21 1937 Death is said to have occurred on the date stated above, at 7.20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforative Diverticulitis	3/15/37
Generalized Peritonitis	

Other contributory causes of importance:

Was an operation performed? Yes Date of 3/16/37

For what disease or injury? Perforative Diverticulitis

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. C. Dunnigan M. D.

(Address) Mercy Hospital

33723 E 33723

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 Bishop Road St., 12-1 Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry G. Hilken

(a) Residence: No. 4 Bishop Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of Late Emma T. Hilken

6. DATE OF BIRTH (month, day, year) July 17 1847

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
89	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Consul

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Germany
(State or country)

FATHER

13. NAME Leneder Hilken

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Catherine Kirchhoff

16. BIRTHPLACE (city or town) Bavaria
(State or country)

17. INFORMANT Emma Hilken Fitze
(Address) 1220 E 86th St Chgo

18. BURIAL CREMATION, OR REMOVAL
Place London Park Date March 23 1937

19. UNDERTAKER H. Hardesty & Co
(Address) Orchard & Cathedral

20. FILED ..... 19 ..... Registrar .....

MAR 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20 1937

22. I HEREBY CERTIFY, That I attended deceased from January 1937 to March 20 1937

I last saw h... alive on March 19 1937 Death is said to have occurred on the date stated above, at 1220 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Uremia - Salamonia	5 days
Chronic Ind. Nephritis	1 yr
Hypertension	2 yrs
Other contributory causes of importance	
Edema of Lungs	1/2 day
Acute dil. of Heart	1 hr.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ? Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. G. Klaus M.D.

3-24-37 (Address) 576 Cathedral St

3724 F 33724

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL 18 ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME BABY GIRL BROOKS

(a) Residence: No. 323 N. SCHROEDER St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	BLACK	SINGLE

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) MARCH 13, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE

13. NAME HENRY BROOKS

14. BIRTHPLACE (city or town) (State or country) BALTO

15. MAIDEN NAME ROSA COOPER

16. BIRTHPLACE (city or town) (State or country) BALTO

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 22 1937, 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

FILED MAR 22 1937 Registrar.

3089

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MARCH 19 1937

22. I HEREBY CERTIFY, That I attended deceased from MARCH 15 1937 to MARCH 19 1937

I last saw her alive on MARCH 19, 1937. Death is said to have occurred on the date stated above, at 6 20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
INTRACRANIAL HEMORRHAGE	3-14-37
HEMORRHAGIC DISEASE OF THE NEWBORN	3-15-37

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Francis B Dukey, M. D.

(Address) University Hospital

F 33725

33725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Gen Hosp. St. 24-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

If U.S Veteran specify WAR ....

2. FULL NAME Baby Boy Poole

(a) Residence: No. 107 Second Ave. Lansdowne St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 3-19-37

8. AGE — Years | Months | Days | If LESS than 1 day, 7 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Balto Gen Hosp

13. NAME Lilian Lee Poole

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Ella Weaver Hess

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT H. A. Wolf
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 22 1937 19

19. UNDERTAKER
(Address)

Commissioner of Health
Per H. A. Moore

MAR 22 1937

3050

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-20-37 19

22. I HEREBY CERTIFY, That I attended deceased from 3-19-37 at 10 30 pm 19 to 3-20-37 at 6 AM 19

I last saw him alive on 3-20-37 19 Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. A. Wolf M. D.

(Address) South Balto Gen Hosp

F 33726

33726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 Northway St. 27-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Jane Brandt Myers (Sometimes known as Mrs. Jennie M. Rogers) U. S. Veteran specify WAR

(a) Residence: No. 208 Northway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. Samuel M. Myers

6. DATE OF BIRTH (month, day, year) July 22, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Geo. M. Brandt

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Eleanora Emmett

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Mrs. Nelle Myers Hunter

(Address) 208 Northway

18. BURIAL, CREMATION, OR REMOVAL

Place Martinsburg, W.Va. 3/23/37

19. UNDERTAKER John A. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED 2 1937 Victor Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/20/37, 19

22. I HEREBY CERTIFY, That I attended deceased from December 10, 1936, to March 21, 1937

I last saw her alive on March 21, 1937. Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
nephritis - chronic	1936
arteriosclerosis	
senility	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. Urban Smith M. D.

(Address) 817 Park Ave.

M. D. B. 1268-9

F 33727

3727

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. 253

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Woodall

(a) Residence: No. 2128 Wicomico St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER FATHER

13. NAME Walter Woodall

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Tyler

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date March 23. 1937

19. UNDERTAKER Wm. J. Buckner & Sons
(Address) [illegible]

[illegible] 1937 Huntington Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Disease of Heart	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. H. Williams, M. D.
Coroner

(Address) 2757 E. Monument

✓F 33728

33728 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

10.8

1. PLACE OF DEATH St. Agnes' Hospital 25-1 Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens + Caton ave St. Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rev. Thomas McNichol If U. S. Veteran specify WAR.....

(a) Residence: No. 605 S. Chapelgate Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Priest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Church

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT St. Agnes Hospital
(Address) Caton + Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New York N.Y. Date March 23 1937

19. UNDERTAKER Wm. Fiske Sons
(Address) 1600 Madison Ave

FILED 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/22/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3/18/37 . 19 , to 3/22/37 . 19

I last saw h. M alive on 3/22/37 . 19 Death is said to have occurred on the date stated above, at 1 15/A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (R)	3/14/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Surgical Date of

What test confirmed diagnosis Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Daniel Fr. Wehner M. D.
(Address) St. Agnes Hospital

F 33729

M. D. B 1268-9

33729

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHN HOPKINS HOSP. St., / Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify W A I

2. FULL NAME ANNA BASEL

(a) Residence: No. 2641 CHESTERFIELD AVE. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) APR. 3/1898

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
	38	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO MD.

FATHER

13. NAME CHARLES BASEL

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME ELIZABETH

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT ELIZABETH BASEL
(Address) 2641 CHESTERFIELD AVE?

18. BURIAL, CREMATION, OR REMOVAL
Place SACRED HEART Date MAR. 23 19

19. UNDERTAKER Lilly & Zeilenhorn
(Address) 403 E. Pratt St.

[illegible] 22 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR. 19th, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	3/18/37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 3/18/37
Where did injury occur? Pennsylvania Ave near Sherman St.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Roadway
Manner of injury Struck by Auto crossing
Nature of injury Skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Herbert Blaustein Coroner, M. D.
(Address) 512 N. Charles St.

✓ F 33730

33730

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 Wickes Ave St., 25-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frederick Lindner

(a) Residence: No. 1503 Wickes Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Lindner

6. DATE OF BIRTH (month, day, year): Mch 23 1876

7. AGE: Years 60 | Months 11 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Paperhanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Decorator

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Henry Lindner

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Schoepfer

16. BIRTHPLACE (city or town) (State or country): Maryland Baltimore County

17. INFORMANT (Address): Mrs Catherine Lindner

18. BURIAL, CREMATION, OR REMOVAL: Date 3/23/37

Place: Cathedral Cem

19. UNDERTAKER: Joseph F. Tyler & Son

(Address): Eutaw & Huntington Ave, Balto, Md

20. FILED: 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 21 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1937 to March 21 1937

I last saw h alive on March 21 1937. Death is said to have occurred on the date stated above, at 1 m.

The principal cause of death and related causes of importance were as follows:

Endocarditis Chronic — Date of onset

Nephritis Interstitial

Cerebral Arterio Sclerosis

Other contributory causes of importance:

Pulmonary Oedema

Was an operation performed? no Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Norbert C. Metcalfe M. D.

(Address) 2511 Wilkens Ave

(Stevens) ✓ F 33731

33731 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. 8-1

CITY OF BALTIMORE: (No. 3505 Crossland St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth H. Stevens

If U. S. Veteran specify WAR

(a) Residence: No. 3505 Crossland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lawrence Stevens

6. DATE OF BIRTH (month, day, year) Feb. 24, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Liverpool England.

FATHER

13. NAME Peter Pryal

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Emma Holden

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Mrs Arthur Hoglund

(Address) 3505 Crossland

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 3/24 19 37

19. UNDERTAKER Margaret G. Flynn

(Address) 1422 Eutaw Place

Huntington Pittsman, M.D.

20. FILED 22 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22. 1937

22. I HEREBY CERTIFY, That I attended deceased from March 21 1937 to March 22 1937

I last saw h[illegible] alive on March 21 1937. Death is said to have occurred on the date stated above, at 5:20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Decompensated Mitral Regurgitation	1 Day
Hypertension, arterial Sclerosis	1 yr
Cerebral Hemorrhage	1 yr
Other contributory causes of importance:	
Chr Interstitial Nephritis	1 yr

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. F. A. Stevens, M. D.

(Address) 7878 Harford Rd

M. D. B 1268-9

F 33732

33732

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1828 N. Duncan St., 8-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Henderson

(a) Residence: No. 1828 N. Duncan St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Henderson

6. DATE OF BIRTH (month, day, year) June 14-1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thomas Lyons

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Heffner

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT John Henderson
(Address) 1828 N. Duncan St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date Mar. 23 1937

19. UNDERTAKER E. Miller & Son
(Address) 2334 Jefferson St.

[illegible] 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/20/1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	

Other contributory causes of importance: Cerebral Apoplexy

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1918 E. North Ave.

F 33733

33733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 15-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mrs. Maude Tyler

(a) Residence: No. 1711 Thomas Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, ~~widowed or divorced~~ (or) WIFE of Edward Tyler

6. DATE OF BIRTH (month, day, year) Oct 22nd 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Mason Station (State or country) Md.

FATHER

13. NAME George W. Long

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Taylor

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Salisbury Md Date Mar 24 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 19... Washington Nathaniel

MAR 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 22. 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 20 1937 to Mar. 22 1937

I last saw her alive on Mar. 22 1937 Death is said to have occurred on the date stated above, at 5 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive C-V Disease	?
Other contributory causes of importance: Chronic nephritis	?
Uraemia	

Was an operation performed? No Date of -

For what disease or injury? -

Name of operation -

What test confirmed diagnosis? Nov Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) J. Freeman M. D.

(Address) Mercy Hospital

Spec.—1-10-21—MAT—1500 Blks.

F 33734

HEALTH DEPARTMENT—CITY OF BALTIMORE

33734

CERTIFICATE OF DEATH.

93-C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 826 Pen Lucy Ave ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.) No War Record

2-FULL NAME Kate E. Hines

(a) RESIDENCE NO. 826 Pen Lucy Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Hines

6 DATE OF BIRTH (month, day, and year) April 17, 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) Eden

(State or country) Germany.

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs. Robt J. McSally

(Address) 826 Pen Lucy Ave. Baltimore Md

15 Filed MAR 23 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 21 1937

17

I HEREBY CERTIFY, That I attended deceased from Mar 17, 1937, to Mar. 21, 1937.

that I last saw her alive on Mar. 21, 1937.

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Bronchitis Hypostatic Pneumonia.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? None

What test confirmed diagnosis? Clinical

(Signed) Geo E. Shannon, M. D.

3/22, 1937 (Address) 700 N. Fulton Ave,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL 3/24/1937

20 UNDERTAKER Wm Cook 1217 St Paul St

ADDRESS

33735 HEALTH DEPARTMENT—CITY OF BALTIMORE 33735

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 W. Lanvale St., 12-4 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mary S. Todd

(a) Residence: No. 450 E. 22nd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced (or) WIFE of Joshua Todd

6. DATE OF BIRTH (month, day, year) July 20th 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER FATHER

13. NAME Darius Stansbury

14. BIRTHPLACE (city or town) Balto (State or country) Md.

15. MAIDEN NAME Virginia Demmead

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Mary Stansbury (Address) 456 E. 22nd St

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date Mar 23rd 1937

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED MAR 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-4-, 1937, to 3-21-, 1937

I last saw h[illegible] alive on 3-16, 1937 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

General arteriosclerosis

Chronic myocarditis

Date of onset: 10 years, 1 year, 1 month

Other contributory causes of importance:

old age

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Lemmon M. D.

(Address) Medical Arts Bldg

F 33736

HEALTH DEPARTMENT—CITY OF BALTIMORE

33736

CERTIFICATE OF DEATH

107

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Hosp St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs., mos. ds.

2. FULL NAME Wm. John B. Smith.

If U.S. Veteran specify WAR No Record

(a) Residence: No. 1128 Hanford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If ~~married, widowed, or divorced~~ HUSBAND of ~~WIFE of~~ Mary E. Smith

7. DATE OF BIRTH (month, day, year) Oct 9th 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	5	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cabinet Maker

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME E. Smith

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Matilda Wentzel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Benj. W. Smith

(Address) 3603 Kimble Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 24th 37

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-21-37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3-4-37 . 19 . to 3-21-37 . 19

I last saw him alive on 3-21- . 1937 Death is said to have occurred on the date stated above, at 5.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1- Acute cardiac dilatation	3-21-37

Other contributory causes of importance:

1- Impetuginous Psoriasis. Benign?

2- Bronchial asthma?

Was an operation performed? Not. Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton Levin M.D. M. D.

(Address) WB & H

33737 HEALTH DEPARTMENT—CITY OF BALTIMORE 33737

CERTIFICATE OF DEATH

Registered No. 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 Cereal St., 25-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Anthony Dailey

If U. S. Veteran specify WAR

(a) Residence: No. 1619 Cereal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR or RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan. 6. 1937

7. AGE — Years: — Months: 2 Days: 15 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Walter E. Dailey

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Mary Parada

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Walter E Dailey 1619 Cereal Street

18. BURIAL, CREMATION, OR REMOVAL. Place: Cedar Hill Date: 3/23 37

19. UNDERTAKER (Address): William Cook 1217 St Paul Street

20. FILED ... 19... Registrar.

MAR 23 1937 Huntington Pikesville, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 21. 1937

22. I HEREBY CERTIFY, That I attended deceased from March 17 1937 to March 19 1937

I last saw him alive on March 19 1937 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	3/14/37
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Leon D. Hoffman M. D.

(Address) 4700 Pennsylvania Ave

F 33738

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33738

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4905 Reisterstown Rd (St.) (Ward) 18

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Raymond Eckhart — If U. S. Veteran specify WAR No Record

(a) Residence: No. 4905 Reisterstown Rd (St.) Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed~~ or ~~Divorced~~ (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 23rd 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Earl R. Eckhart

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Ethel Olsen

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Earl R. Eckhart
(Address) 4905 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Mar 23rd 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Huntington Williams, M.D.
MAR 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21st 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1937 to March 21 1937
I last saw him alive on March 21 1937 Death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Lobar Pneumonia	2 days
Other contributory causes of importance:	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If answer is yes, specify —

(Signed) Wm. O'Connell M. D.

(Address) 9858 Harford Rd

Spec.—1-30—M. & T.—250 Blks.

33739 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33739

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2103 west Lexington St., 20-7 WARD)

REGISTERED NO. 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Logan N. Bloom Jr

(a) RESIDENCE NO. 2103 W Lexington ST., WARD No Record

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 28 1934

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	5	24	

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Ross F Bloom

11 BIRTHPLACE OF FATHER (city or town) (State or country) Norfolk Va

12 MAIDEN NAME OF MOTHER Florence Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Ross Bloom (Address) 2103 W Lexington St

15 Filed 3-23 1937, 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22 37

17 I HEREBY CERTIFY, That I attended deceased from March 14, 1937, to March 22, 1937, that I last saw h alive on March 21, 1937, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 2 yrs. 6 mos 7 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) Thos. H Phillips, M. D.

, 19 (Address) 1939 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Moreland Park

DATE OF BURIAL 3/24/ 1937

20 UNDERTAKER Wm Cook

ADDRESS 1207 St. Paul St

F 33740

F 33740 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 629 Pitcher St., 14-2 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lucilla M. Robinson

If U. S. Veteran specify WAR

(a) Residence: No. 629 Pitcher St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced (or) WIFE of: Stephen Robinson

6. DATE OF BIRTH (month, day, year): Sep 6, 1885

7. AGE: Years 51; Months 6; Days 15; If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Joseph Hardesty

14. BIRTHPLACE (city or town) (State or country): Frederick Co Md

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT (Address): Stephen Robinson 629 Pitcher St

18. BURIAL, CREMATION, OR REMOVAL

Place: Laurel Cem. Date: Mch 24 19 37

19. UNDERTAKER (Address): James Otwell 142 Mosher St

FILED: MAR 23 Registrar: Pennington for Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 20 1937 to March 21 1937

I last saw her alive on March 21, 1937. Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

Hypertension.

Hypocardiac Dr

Coronary Thrombosis

Date of onset: 11

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Date of

What test confirmed diagnosis? Reg. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. A. Harrell M. D.

(Address) 1201 Druid Park Dr

33741 F 33741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 725-3 Ward 3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elbert Arnold

If U.S. Veteran specify WAR .....

(a) Residence: No. 2403 Huron St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Negro

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~: Rose Arnold

7. DATE OF BIRTH (month, day, year): Aug 9-1876

7. AGE: Years: 60; Months: 7; Days: 24; If LESS than 1 day, hrs. or min.: .....

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hosp.

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: 20 yrs

12. BIRTHPLACE (city or town) (State or country): Remington Va

13. NAME: Elbert Arnold.

14. BIRTHPLACE (city or town) (State or country): Ohio

15. MAIDEN NAME: Frances Lewis

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT: Rosa Arnold

(Address) 2403 Huron st

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Cem Date: April 1 1937

19. UNDERTAKER: Ford & Elliott & Daughter

(Address) 1129 Caroline St

20. FILED MAR 23 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 21. 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 17. 1937 to Mar. 21. 1937

I last saw him alive on Mar. 21. 1937 Death is said to have occurred on the date stated above, at 11:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Mar 17
Other contributory causes of importance:	
None	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James E. Carr M. D.

(Address) 515 Madison St

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33742 — CERTIFICATE OF DEATH — F 33742

15-4 1065

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rebecca O. Zepp

(a) Residence: No. 2112 W. North Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ezra Zepp

6. DATE OF BIRTH (month, day, year) Nov. 14, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME Azariah Osler

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

MOTHER

15. MAIDEN NAME Julia Burke

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT Mrs. J. W. Harden

(Address) 2941 Westwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Md. Date March 22 1937

19. UNDERTAKER Wm. J. Tietjen & Sons

(Address) No. 6 S. Pa. Ave.

MAR 23 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	
Pulmonary Oedema	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. W. Wright M. D.
Coroner

(Address) 1010 S. Ellwood Ave

533743 (647/1)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 33743

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 3-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ella Rollins

If U. S. Veteran specify WAR .....

(a) Residence: No. 1505 E. Lombard St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced
H~~USBAND~~ of
(or) WIFE of Andrew

6. DATE OF BIRTH (month, day, year) 12/14/13

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
23	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME Autum Wheatley

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Venuelta Reid

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 3-23 1937

19. UNDERTAKER Mrs Charles H. Bailey

(Address) 1421 Jefferson St

20. FILED ..... 19 ..... Huntington Williams A.M.

MAR 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 19. 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 15. 1937 to Mar. 19. 1937

I last saw her alive on Mar. 19. 1937. Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hemorrhagic Nephritis	March 4 1937
Lobar Pneumonia	March 15
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Mitchell Prakirk, M. D.

(Address) Johns Hopkins Hospital

F 33744

33744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Phillip L. Heil

U. S. Veteran specify WAR

(a) Residence: No. Dorsey, Maryland. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 6, 1929.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
7	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

FATHER

13. NAME Phillip P. Heil

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

MOTHER

15. MAIDEN NAME Martha M Smallwood

16. BIRTHPLACE (city or town) (State or country) Howard Co, Md.

17. INFORMANT Mr Phillip P. Heil
(Address) Dorsey, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Lawrence Jessup Md. Date 3/24/ 1937

19. UNDERTAKER John J. Cowan & Son
(Address) # 901 Hollins Street

20. FILED MAR 23 1937 18 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/22/ 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Empyema	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. Heil Coroner, M. D.

(Address) 2707 Kelly Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33745

CERTIFICATE OF DEATH

82-B F 33745

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 853 W. University Pky. St., 27-14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jennie Morton Busick

If U. S. Veteran specify WAR .....

(a) Residence: No. 853 W. University Pky. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Busick

6. DATE OF BIRTH (month, day, year) March 17, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	--	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

MOTHER FATHER

13. NAME W. Nelson Williams

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Jane sears

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Harry N. Busick

(Address) Hopkins Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemy. 3/24/37

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED MAR 23 1937 Washington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/22/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1936 to March 22, 1937

I last saw her alive on March 21, 1937. Death is said to have occurred on the date stated above, at 5.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia - rt - thrombosis of cerebral artery	
Other contributory causes of importance: Asthma - Sclerosis	
Epilepsy - nocturnal	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jerry M. Thomas Jr M. D.

(Address) 1201 N. Calvert St.

Henry

33746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 33746

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3709 Leo St., Ward) Wagner's. pt. 23-6

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 52 yrs. ..... mos. ..... ds.

2. FULL NAME Henry Welcer.

If U.S Veteran specify WAR .....

(a) Residence: No. 3709 Leo St Wagners Pt

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	M.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Antonina Welcer

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 69			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME —

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Antonina Welcer

(Address) 3709 Leo St,

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross A A Co Date Mar 24 1937

19. UNDERTAKER Wm S. Fialkowski

(Address) 2007 Eastern Ave

DATED 23 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937 to March 22 1937

I last saw him alive on March 21 1937. Death is said to have occurred on the date stated above, at 1.=? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Chronic Myocarditis	?
Other contributory causes of importance:	
Bronchopneumonia Terminal	5 days

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Lawrence M. Lerner, M. D.

(Address) 104 W. Madison Street

21860

HEALTH DEPARTMENT—CITY OF BALTIMORE

33747 T 33747

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Raymond McNulty

If U. S. Veteran specify WAR

(a) Residence: No. 1303 Wilcox St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-20-1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1 year	—	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Leo P. McNulty

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Alice Baker

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Green Cathedral Date May 23, 1937

19. UNDERTAKER Edmund V. Coughlin

(Address) 924 Eager St.

20. FILED ..., 19... Registrar.

MAY 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-22-37

22. I HEREBY CERTIFY, That I attended deceased from 3-19-37 to 3-22-37, 19...

I last saw him alive on 3-21-37. Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-19-37
Other contributory causes of importance: Congestive Heart Failure	3-20-37

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation None What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Frank H. Peyton M. D.

(Address) Balto. City, Hosp.

33748 HEALTH DEPARTMENT—CITY OF BALTIMORE E 33748

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 E. Eager St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 8 mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary J. Mulgrew

(a) Residence: No. 520 E. Eager St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward F. Mulgrew Sr.

6. DATE OF BIRTH (month, day, year) July 16, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Michael Murphy

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Abbigall Keller

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Edward F. Mulgrew Jr.
(Address) 520 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL Date Mar 24, 1937
Cathedral

19. UNDERTAKER Elmer W. Conklin
(Address) 1242 Eager St.

20. FILED MAR 23 1937 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 22nd 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1936 to March 22, 1937

I last saw he alive on March 21, 1937. Death is said to have occurred on the date stated above, at 5 20 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Disease — Date of onset 5 yrs

Acute Decompensation

Other contributory causes of importance:

Chronic Nephritis — Date of onset 30 yrs

Acute Exacerbation

Was an operation performed? No Date of —

For what disease or injury?

Name of operation ..... Date of No

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) John J. Fitch M. D.

(Address) 936 E. Monument St

F 33749 F 33749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hos. St., 11-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura B. Banks
If U. S. Veteran specify WAR

(a) Residence: No. 1129 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of	6. DATE OF BIRTH (month, day, year)
John T	Jan 8, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housework
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salisbury Maryland

FATHER
13. NAME James Ennis
14. BIRTHPLACE (city or town) (State or country) Salisbury Md.

MOTHER
15. MAIDEN NAME ? Dashiell
16. BIRTHPLACE (city or town) (State or country) Salisbury Md.

17. INFORMANT John T Banks
(Address) 1129 Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date 3/23/37 19

19. UNDERTAKER Mrs. Geo. N. Holland
(Address) 1631 Druid Hill Ave

20. FILED Huntington Williams, M.D.
MAR 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uteri	

Other contributory causes of importance:
haemorrhage

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
Coroner
(Address) 1010 S. Edmondson Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33750 CERTIFICATE OF DEATH 48 F 33750

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1265 William St., 24th Ward) 3

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. 11 mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lola Inay Fuhrmaneck. If U.S. Veteran specify WAR .....

(a) Residence: No. 1265 William St., 24th Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced (or) WIFE of John Fuhrmaneck.

6. DATE OF BIRTH (month, day, year) April 11th 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Clara Edwards

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Clara Smith
(Address) 1265 William St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem. Date 3/24 1937

19. UNDERTAKER William Klein
(Address) 1267 William St.

MAR 23 1937 [illegible] Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 20 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13 1937 to Mar. 20 1937

I last saw her alive on Mar. 20 1937 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Carcinoma of Uterus indefinite	
Other contributory causes of importance:	
Exhaustion	3/19/37

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

3/24/37 (Signed) H. H. Campbell M.D.
(Address) 1644 Hanover St.

3751 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 33751

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2341) Frederick Ave (Ward) 20-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Agnes Ida Glaeser

(a) Residence: No. 2341 Frederick Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Raymond A. Glaeser

6. DATE OF BIRTH (month, day, year) April 1 — 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25.	11.	28	10.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Henry E. Mueller

14. BIRTHPLACE (city or town) (State or country) Dayton Ohio

MOTHER

15. MAIDEN NAME Sophia Gunst

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Henry E. Mueller

(Address) 2343 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date March 24 1937

19. UNDERTAKER Josiah Syfer

Address 1200 W. Saratoga Ave

MAR 23 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1- 1935 to Mar 21. 1937

I last saw h.e.r alive on Mar 20 1937. Death is said to have occurred on the date stated above, at 10-30 a.m.

The principal cause of death and related enuses of importance were as follows:

Pulmonary Tuberculosis — Date of onset

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Xray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Chas A Cohn M. D.

(Address) 2145 N Balto

F 33752

F 33752 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 26 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Rawls

If U.S. Veteran specify WAR .....

(a) Residence: No. Farmers Station St. 114 Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Negro

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced (or) WIFE of: George Rawls

6. DATE OF BIRTH (month, day, year): Feb 1861

7. AGE: Years 55 | Months 1 | Days | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farm Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Wash. D.C.

13. NAME: Carter

14. BIRTHPLACE (city or town) (State or country):

15. MAIDEN NAME: Carter

16. BIRTHPLACE (city or town) (State or country): Carter

17. INFORMANT: George Rawls

(Address) Farmers Station Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 3-27-1937

19. UNDERTAKER: Lane & Blackstone

(Address) 624 E. Fayette

19 MAR 23 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1937 to Mar. 26, 1937

I last saw her alive on Mar. 21, 1937 Death is said to have occurred on the date stated above, at 7:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	?
Tuberculous pneumonia	3-6-37
Other contributory causes of importance: None	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical & X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James D. Carr M. D.

(Address) 515 Marlboro St

3753

HEALTH DEPARTMENT—CITY OF BALTIMORE 33753

CERTIFICATE OF DEATH

82a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4504 White Oak Ave St.) (15-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 7 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth A. Johns

If U.S Veteran specify WAR .....

(a) Residence: No. 4504 White Oak ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of James A. Johns

DATE OF BIRTH (month, day, year) July 28-1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	7	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME George Garnett

14. BIRTHPLACE (city or town) (State or country) Wales

15. MAIDEN NAME Margaret Thomas

16. BIRTHPLACE (city or town) (State or country) Wales

INFORMANT George G. Johns

(Address) 4504 White Oak ave

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Mch. 24 1937

UNDERTAKER George W. Finkler

(Address) 1737 E. Eager St.

FILED MAR 23 1937 19 ... Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21. 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar-16- 1937 to Mar-21- 1937

I last saw her alive on Mar 21 1937 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease	Date of onset
Arteriosclerosis. Cerebral		
Cerebral Hemorrhage		3/21/37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wesley Cole M. D.

(Address) 2202 Harrison Blvd

33754 HEALTH DEPARTMENT—CITY OF BALTIMORE 33754

CERTIFICATE OF DEATH

93-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 E. 22nd St., 9-8 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Andrew Baumgartner

If U.S. Veteran specify WAR .....

(a) Residence: No. 707 E. 22nd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline E. Baumgartner

6. DATE OF BIRTH (month, day, year) Mar. 13 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	0	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mfg. Chemist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year) June 1934

11. Total time (years) spent in this occupation 69 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Andrew Baumgartner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Kunigunda Koestner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna E. Metcalfe

(Address) 3118 Harford Road

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Mar 25. 1937

19. UNDERTAKER Mr. & Mrs. John H. Feufel & Son

(Address) 801 W. Fayette St

19 ..... Registrar.

MAR 23 1937

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 22. 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4 1930 to Mar. 22 1937

I last saw him alive on Mar 21 1937 Death is said to have occurred on the date stated above, at 10 10 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Other contributory causes of importance:	
Chronic Myocarditis	1930

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eugene Leopold, M. D.

(Address) 20 W. Lafayette Ave

33755 ✓ F 33755

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2236 W. Fayette St., 20 Ward) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John B. L. Goosmann

(a) Residence: No. 2236 W. Fayette St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louise Leiss Goosmann

6. DATE OF BIRTH (month, day, year) Dec. 17, 1861.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Frame Guilter

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME George Goosmann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Louise Goosmann
(Address) 2236 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date March 23, 37

19. UNDERTAKER Harry W. Culbert
(Address) 4101 Reisterstown Ave.

20. FILED ..... 19 ..... Registrar .....

MAR 23

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-20-1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1- 1937 to Mar 20- 1937

I last saw h.e.r alive on Mar 20 1937. Death is said to have occurred on the date stated above, at 4:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	

Other contributory causes of importance:

Hypertension, Cardiac Decompensation

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Chas A Culbert M. D.

(Address) 2145 W Baltimore St

F 33756

33756 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3855 Falls Road St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles M. Ray

(a) Residence: No. 3855 Falls Road St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write this word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rachel Emma Ray

6. DATE OF BIRTH (month, day, year): Oct. 17-1862

7. AGE: Years 74 | Months 5 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Police 061

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Baltimore City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 37 yrs.

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Maryland

FATHER

13. NAME: Francis Ray

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Mary Brevard

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Miss Lola Ruby Ray
(Address): 3855 Falls Road

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Ridge Date: March 24-1937

19. UNDERTAKER: Horace E. Burger
(Address): 3631 Falls Road

20. FILED MAR 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 21. 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1936 to Mch 21 1937

I last saw him alive on Mch 21 1937 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Duration
Coronary Embolism	3 hrs
Myocarditis	1930
Other contributory causes of importance: Arteriosclerosis	1926
Chron. nephritis	

Was an operation performed? No Date of none

For what disease or injury? none

Name of operation none

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No If so, specify none

(Signed) Vernon J. Kelly M. D.

(Address) 604 Fidelity Bldg

3757 F 33757

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen. Hosp St. 27-18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Mrs Clem Trower

(a) Residence: No. 3730 Manchester Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alan O. Trower

6. DATE OF BIRTH (month, day, year) June 18-1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
47	46	9	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nashville Tennessee

13. NAME Major S. D. Thomas

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Martha V. Millaire

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Arthur Scarbrough

(Address) 3730 Manhattan Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Stone Chapel Cem Date Mar-24 1937

19. UNDERTAKER Frank A. Newell

(Address)

FILED 3 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-22-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-27-37, 19, to 3-22-37, 19

I last saw her alive on 3-22-37, 19. Death is said to have occurred on the date stated above, at 6:35 A m.

The principal cause of death and related causes of importance were as follows:

Date of onset

1) Generalized peritonitis 2-20-37

2) abscess in pelvic cellular tissue CULDESAC

Other contributory causes of importance:

Was an operation performed? yes Date of 2-27-37

For what disease or injury? generalized peritonitis. abdomen drained & ovariotomy performed

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton Levin, M. D.

(Address) M.D

AACo. 5-H 2508

33758 HEALTH DEPARTMENT—CITY OF BALTIMORE E 33758

CERTIFICATE OF DEATH

131

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 W Franklin St., 18-1 Ward)

Length of residence in city or town where death occurred 77 yrs. — mos. — ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Giles

(a) Residence: No. 906 W Franklin St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie Giles

6. DATE OF BIRTH (month, day, year) — 1885

7. AGE — Years 52 | Months — | Days — | If LESS than 1 day ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Longshore man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dock

10. Date deceased last worked at this occupation (month and year) Mar 37

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Nottoway Co Virginia

13. NAME David Giles

14. BIRTHPLACE (city or town) (State or country) Nottoway Co Virginia

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Father Giles
(Address) 906 W Franklin

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Mar 24th 1937

19. UNDERTAKER Chas O Wilson
(Address)

FILED MAR 25 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/24, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/10, 1937, to 3/21, 1937

I last saw him alive on 3/20 1937 death is said to have occurred on the date stated above, at 6a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Trauma of	
Chronic nephritis	
Chronic myocarditis	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation Hip fracture Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Franklin, M. D.

(Address) 1422 Eutaw

33759 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33759

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH 873 Fairmount Ave
CITY OF BALTIMORE: (No. 873 St., Fairmount Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Dorsey

If U.S. Veteran specify WAR

(a) Residence: No. 873 Fairmount St, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem
4. Color or Race Col
5. Single, Married, Widowed, or Divorced (write the word) Married
6. If married, widowed, or divorced HUSBAND of (or) WIFE of —
7. DATE OF BIRTH (month, day, year) —
AGE Years 55 Months — Days — If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —
12. BIRTHPLACE (city or town) (State or country) Malta
13. NAME Fred L Dorsey
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Kirkhouse
16. BIRTHPLACE (city or town) (State or country)
INFORMANT Mary Dorsey Sister
(Address) 623 Fairmount ave 24th
BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date March 37
UNDERTAKER Elroy Wilson
(Address) 1000 Brooklyn
FILED 19
23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 21 1937
22. I HEREBY CERTIFY, That I attended deceased from Mar 13 1937 to Mar 21 1937
I last saw h alive on Mar 20 1937 Death is said to have occurred on the date stated above, at 2.35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Mark E Woodward M.D.
(Address) 627 Lombard

33760 F 33760

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 723 School St

CITY OF BALTIMORE: (No. 723 St. Balto Md Ward) 15-1

Length of residence in city (or town) where death occurred 53 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Green

(a) Residence: No. 723 School St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Cd	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. Green

6. DATE OF BIRTH (month, day, year) Feb 14 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None abd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Charles Green

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mary M. Green

(Address) 723 School St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 3/24 19 37

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Greenmount Av

19..... Registrar.

MAR 23 1937

Washington Nebraska, Neb

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 22 1937

I HEREBY CERTIFY, That I attended deceased from Jan 1 1936 to Mar 22 1937

I last saw him alive on 3-21-37, Death is said to have occurred on the date stated above, at 6:45 AM

The principal cause of death and related causes of importance were as follows:

Cardiac failure Date of onset 3/22/37

Chron. Myocarditis

Decomp. Cirrhosis

Other contributory causes of importance:

Chron. Nephritis

Gastric Ulcer Stricture of Esophagus

Was an operation performed? no Date of

For what disease or injury?

Name of operation Closed Was there an autopsy? no

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) M B Boykin M. D.

(Address) 1512 Eutaw St

F 33761

33761 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 2261

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Lawson Simms. (c)

(a) Residence: No. 829 Bevan St. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	----	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gastonia N.C.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Police Report. S. D.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 23 1937 19

Commissioner of Health

19. UNDERTAKER

(Address) Per H. A. Moore

Registrar.

23 1937

S 6

8052

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition and exposure. (Coma)	
2.	
3.	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Alvin Leonard M. D.

Coroner

3/20/37 (Address) 1017 S. Charles St.

33762 ✓ F 33762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. B 121 S. Bond St., 3-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Brown
☐ U. S. Veteran
specify WAR .....

(a) Residence: No. 121 S. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Conrad

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housework
10. Date deceased last worked at this occupation (month and year)
11. Total time (Years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brets md.

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Conrad Brown (Husband)
(Address) 121 S. Bond

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL, MAR 23 1937 19
Commissioner of Health

19. UNDERTAKER
(Address)
Per H. A. Moore

20. FILED MAR 24 1937
Registrar
3053

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance: Coronary Embolism	

Was an operation performed? Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. P. M. Kemp Coroner, M. D.
(Address) 1010 S. Edmondson Ave

M. D. B 1268-9

F 33763

33763 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-C.

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth? .....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Robert Deyall

(a) Residence: No. 603 Saran Ann St., ...Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Not Known

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About 50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk goods, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 23 1937 19

19. UNDERTAKER Commissioner of Health

(Address) Per N. A. Moore

MAR 23 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Syphilitic Aortitis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) [illegible] Coroner. M. D.

(Address) 333 N Mon

F 33764

33764 HEALTH DEPARTMENT—CITY OF BALTIMORE

160 B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St., 6-4 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Jones

(a) Residence: No. 410 North Caus St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Infant

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 3-7-37

8. AGE	Years	Months	Days	If LESS than 1 day 3 hrs. or ....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country)

13. NAME Baby Jones

14. BIRTHPLACE (city or town) Baltimore
(State or country)

15. MAIDEN NAME Lindsey Henry

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL MAR 23 1937 19

19. UNDERTAKER Commissioner of Health
(Address) For M. A. Moore

20. FILED MAR 23 1937 Registrar.

3096

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-7 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 10:30 P. m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset .....

Other contributory causes of importance:

Placenta Praevia — Date of onset .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

.....If so, specify .....

(Signed) E. Cowan DeLee M. D.

(Address) .....

33765 F 33765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St. 3-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Pederson
If U. S. Veteran specify WAR

(a) Residence: No. 220 South Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-9-37

7. AGE Years	Months	Days	If LESS than 1 day, 9 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Richard Pederson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Elizabeth Shipway

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL MAR 23 1937 19

19. UNDERTAKER
(Address)

Commissioner of Health
Per M. A. Moore
Registrar.

20. FILED 1937

3093 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-9 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 9:05 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
prematurity	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eleanor Delfs M. D.

(Address) The Johns Hopkins Hospital

F 33766

33766 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 183

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Found floating in harbor Ward) Ft. of President St. B-2
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Unknown

If U. S. Veteran specify WAR .....

(a) Residence: No. Unknown St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown prob'y

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL MAR 23 1937
Place PUBLIC CEMETERY Date 19

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED ..... 19 ..... Registrar.

23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably drowning	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Probably accident Date of injury Unknown, 19 .....

Where did injury occur? Unknown
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Probably fell overboard

Nature of injury Probably drowning

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) A. W. Wright Coroner M. D.

(Address) 1010 S. Edwards Blvd

33767 F 33767

HEALTH DEPARTMENT—CITY OF BALTIMORE

93c

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 726 S. CONKLIN ST. St., 26-9 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. LIFE mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME DR. LAWRENCE A. NOLAN

If U. S. Veteran specify WAR .....

(a) Residence: No. 726 S. CONKLIN ST. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	SINGLE

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 30/1879

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
57	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. VETERINARIAN

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

MOTHER FATHER

13. NAME JAMES NOLAN

14. BIRTHPLACE (city or town) (State or country) IRELAND

15. MAIDEN NAME MAZIE ?

16. BIRTHPLACE (city or town) (State or country) IRELAND

17. INFORMANT MINNIE FRECHER (FRIEND

(Address) 2606 E CHASE ST.

18. BURIAL, CREMATION, OR REMOVAL

Place NEW CATHEDRAL Date MAR. 24 1937

19. UNDERTAKER Lilly & Gaillard

(Address) 403 S. WOLFE ST

20. FILED ..... 19..... Registrar.

MAR 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1936 to Mar 22 1937

I last saw h[illegible] alive on Mar. 22 1937. Death is said to have occurred on the date stated above, at 3/45 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Chronic

Other contributory causes of importance:

Cerebral Embolism	3/20/37

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation Observation

What test confirmed diagnosis? A Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Horace B. Litsinger M. D.

(Address) 315 S. Highland Ave

✓ F 33768

3768 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93c

Registered No. 2058

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 428 S. Augusta Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Kelly

If U. S. Veteran specify WAR

(a) Residence: No. 428 S. Augusta Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: James Kelly

6b. DATE OF BIRTH (month, day, year): Feb. 27, 1855

7. AGE — Years: 82 | Months: 4 | Days: 22 24 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0027

10. Date deceased last worked at this occupation (month, day, year): 1930

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Maryland.

13. NAME: John Ryan

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Mary Nolan

16. BIRTHPLACE (city or town) (State or country): Ireland.

17. INFORMANT: Rev. M. A. Ryan

(Address): Ellicott city

18. BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Cem. Date: Mar 24 1937

19. UNDERTAKER: Easton Sons

(Address): Ellicott City

20. Permit for Burial or Removal issued

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1937 to March 21, 1937

I last saw her alive on March 20, 1937. Death is said to have occurred on the date stated above, at 6.45 A m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency

Date of onset

Other contributory causes of importance:

Arteriosclerosis a

Myocarditis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) John C. Schenrich M. D.

(Address) 1337 S. Charles St

33769 HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 33769

CERTIFICATE OF DEATH

46 F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 N. Robinson St. 1st Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Joseph H. Spencer Sr.

If U. S. Veteran specify WAR .....

(a) Residence: No. 624 N. Robinson St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed or divorced, HUSBAND of (or WIFE of) Mary E. Spencer

6. DATE OF BIRTH (month, day, year) Dec 7, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John H. Spencer

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Sarah Jane Stone

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Joseph H. Spencer Sr.

(Address) 624 N. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cemetery Date Mar 24, 1937

19. UNDERTAKER John L. Moran

(Address) 3000 E. Balto St.

FILED 23 1937 Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1937 to March 20 1937

I last saw him alive on March 20, 1937 Death is said to have occurred on the date stated above, at 1040 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Head of pancreas	6 mos ago.
Other contributory causes of importance:	
Dyspnea	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) A. E. Schwartz M. D.

(Address) 1939 Mc Clellan St

✓ F 33770

33770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No.

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton aves St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John C Mc Donough If U. S. Veteran specify WAR

(a) Residence: No. 227 S. Castle St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

6. If married, widowed, ~~divorced~~ HUSBAND of Mary A. Mc Donough

7. DATE OF BIRTH (month, day, year) June 7, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	9	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Coleman Mc Donough

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Barbara Mc Donough

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Margaret Mc Donough
(Address) 227 S. Castle St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Mar 24 1937

19. UNDERTAKER John A. Moran
(Address) 3000 E. Baltimore St.

MAR 23 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/22/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3/20/37 . 19 . to 3/22/37 . 19 . I last saw him alive on 3/22/37 . 19 . Death is said to have occurred on the date stated above, at 12:30 A m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset ~
Chronic Nephritis c edema — 3/20/37
Uremic Coma

Other contributory causes of importance:

Was an operation performed? No Date of ~

For what disease or injury?

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Daniel Leo Dekner M. D.

(Address) St. Agnes Hospital

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 5th DAY October

OF 1965 THE MICROPHOTOGRAPHS APPEARING

HEREIN STARTING WITH #30640 JAN. 1, 1937 AND

ENDING WITH #F33770 MAR 23, 1937 ARE AC-

CURATE AND COMPLETE REPRODUCTIONS OF THE

RECORDS OF THE DEPARTMENT OF Health

BUREAU OF Vital Statistics AS DELIVERED

IN THE REGULAR COURSE OF BUSINESS FOR

PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM

MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU

OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC

COPY.

CAMERA OPERATOR: D. McFaul

END OF REEL